



PATIENT

Copernicus Pettitt

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

15 years

WEIGHT

13.75lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Amazon Park Animal
Hospital

REFERRING VET

Dr. Jones

INVOICE

21641

DATE

10/20/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well.

-Pertinent abnormal PE/Chem/CBC/UA Results: Creatinine is 2.3

-Pertinent previous echo findings (6/2021 MML): Moderate to severe LVH, moderate to severe LAE. AV max: 0.9, IVSd: 0.86, LVWd: 0.74, LA: 1.76. Medications suggested 2/2021 include Lasix, Plavix, ACE-I and Atenolol; list has not been updated since.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderate to severely hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. False tendon. Papillary muscle hypertrophy with regions of remodeling. The right ventricle appears normal. There is severe left atrial enlargement present with a horizontal component. Subtle smoke. Mild to moderate right atrial enlargement present. Systolic anterior motion (SAM) is not seen with normal aortic outflow velocities. There is mild central mitral regurgitation. No other obvious valvular regurgitation is present. No pericardial effusion noted. No pleural effusion noted. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.2	150	0.71	1.1	0.81	46	81
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) (Abbott)	LA 2D short axis Base view (cm) (Abbott)		LVOT VEL (m/s)	RVOT VEL (m/s)	E max (m/s)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	1.6	1.6	1.9		0.8	0.6	NM

**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
 Adapted from June Boon, Veterinary Echocardiography, 1998
 Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic obstructive cardiomyopathy persists with continued evidence of stability. Unfortunately, the LA is progressively dilated and there is now right heart involvement as well. Subtle smoke is identified putting the patient at high risk for a blood clot event. LV hypertrophy is similar to previous without evidence of significant progression.

Although the patient is reportedly stable, medications should be continued going forward. My suspicion is this patient may be hypotensive and the creatinine is elevated and discontinuing Benazepril may be appropriate. Additionally, the heart rate appears relatively slow on exam, and this should be carefully monitored and maintained >150bpm in this patient.

Given a lack of clinical signs, assuming Lasix is being administered this should be continued without an obvious need of a dose change.



PATIENT

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Prognosis is poor to grave as this patient is at high risk for life threatening complications; however, continues to do well at home despite these findings.

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Elective anesthesia is not advised.

PLAN

Baseline BP is recommended. If hypotensive (i.e., <130mmHg), discontinue Benazepril. Maintain heart rate >150bpm and alter the Atenolol dose as needed. Lasix should be administered 1-2mg/kg Po q12h. Administered Plavix as previously recommended.

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Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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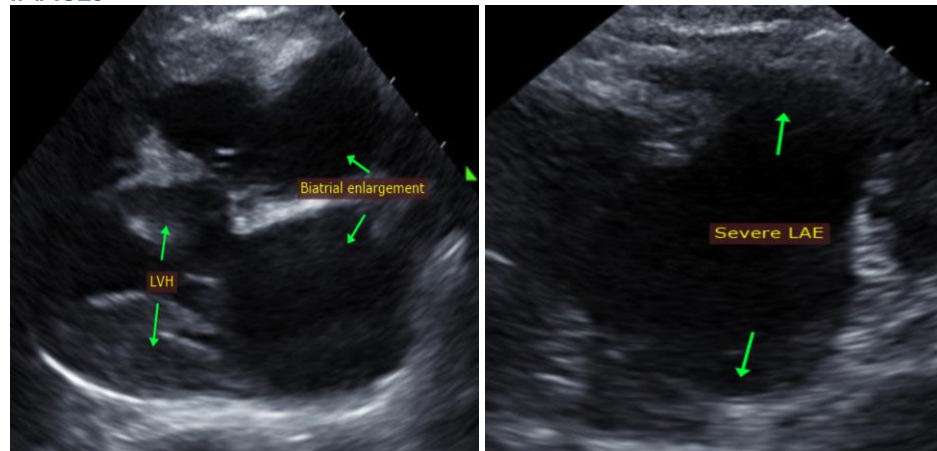
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IMAGES



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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

HOSPITAL NAME

Amazon Park Animal Hospital

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

REFERRING VET

Dr. Jones

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