

PATIENT

Patch Murray

SPECIES

Feline

BREED

Domesstic Short Hair

SEX

MN

AGE

2013

WEIGHT

11.9lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Eastern Animal
Hospital

REFERRING VET

Dr. Warner-Jones

INVOICE

21652

DATE

10/21/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. Annual exam.

-Pertinent abnormal lab results: BNP elevated, remainder NSF.

-Current medications: Atenolol 25mg 1/4 PO SID.

-Sedation used: Not needed.

-Pertinent previous ultrasound results: (8/31/17 MML): Mild to moderate LVH, no LAE, LVOTO: 2.3.

-STAT: Not requested.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension with regions of asymmetry. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle remodeling. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No obvious systolic anterior motion (SAM) is seen on 2D; however, color flow and Spectral doppler do suggest a dynamic obstruction. The max velocity is minimally elevated. Trace mitral regurgitation. No other significant valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.4	160	0.5	1.57	0.56	48	83
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	NM	1.3	1.1		2.0	0.8	NM

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

HOCM persists with evidence of improvement. The previous LVOT obstruction is improved on Atenolol and there is also improvement in LV hypertrophy. The overall LV dimensions are borderline which is considered a good response. The LA remains normal indicating the risk at this time is low. No additional issues are identified.

The heart rate on echo is 160bpm, which is on the high end of the recommended range. My suspicion based upon improvement overall despite a 4-year period is that this is a reasonably well controlled dose at home. No changes are clearly indicated based upon these findings.

Prognosis remains guarded long-term; however, this is certainly a good sign given the timeframe.

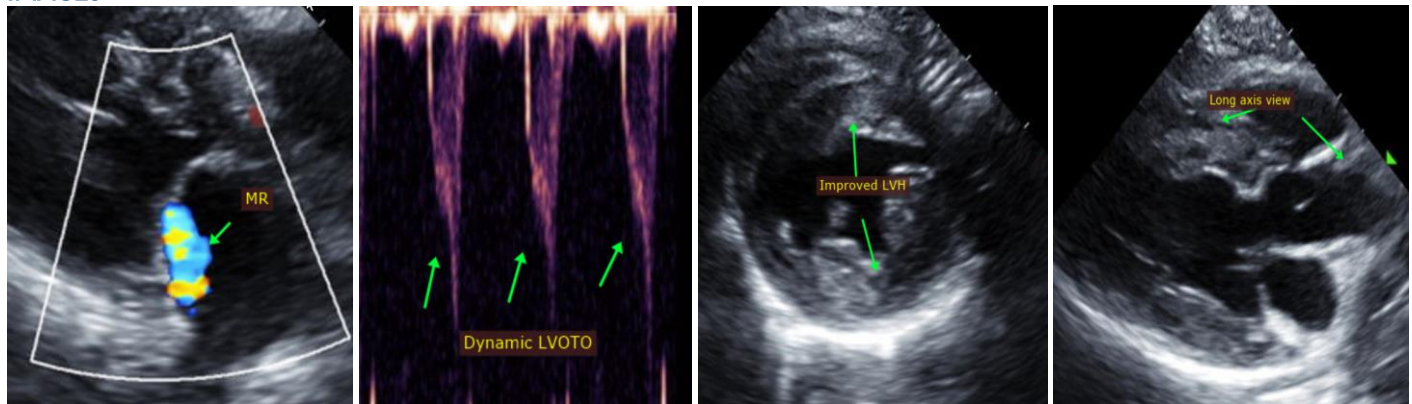
Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (ketamine, glycopyrrolate, atropine).

PLAN

Continue Atenolol as prescribed.

Recommend recheck echocardiogram annually to assess for progression, sooner if clinical issues arise.

IMAGES



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.

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.

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