



PATIENT

Oliver Courtright

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

5 years

WEIGHT

10.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Travis Cerf, DVM

HOSPITAL NAME

Veterinary Center of
Hardyston

REFERRING VET

Dr. Cerf

INVOICE

21685

DATE

10/22/21

PRESENTING CLINICAL SIGNS

History: Grade 2/6 holosystolic murmur heard at exam. ProBNP slightly elevated (119pmol/L). CBC/CHEM - WNL.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is highly irregular with regions of mild hypertrophy. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and 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 TR. Normal LVOT velocity based upon color flow (not assessed with Spectral). Trivial AI/PI. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. 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) <small>(Moise, Pipers)</small> | LVIDd (cm) <small>(Moise, Pipers)</small> | LWVd (cm) <small>(Moise, Pipers)</small> | FS (%) | EF (%) |
|--|--------------------------------|---|--|--|---|-------------------------------|--------|
| NORMAL PARAMETER | ----- | 150-240 | 0.35-0.55 | <2 (mean 1.5) | 3.5-0.55 | 35-67 | 80-100 |
| PATIENT | 4.8 | | 0.66 | 1.1 | 0.63 | 40 | 82y |
| FELINE CARDIAC PARAMETERS | LA/AO <small>(Boon)</small> | LA/AO HEART BASE (Swe) <small>(Abbott)</small> | LA 2D short axis Base view (cm) <small>(Abbott)</small> | LVOT VEL <small>(m/s)</small> | RVOT VEL <small>(m/s)</small> | E max <small>(m/s)</small> | |
| NORMAL | <1.5 | <1.3 | <1.2 | <1.6 | <1.3 | <0.9 | |
| PATIENT | NM | 1.2 | 1.1 | | 1.0 | NM | |
| <p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p> | | | | | | | |

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both should be ruled out in this case as contributing factors, particularly with a small aortic insufficiency. The degree of disease is mild, with only mild LVH and no significant LA dilation. This would indicate the risk for clinical issues is low at this time. No additional issues are identified. No obvious cause of the murmur is identified in the study making it likely physiologic in origin.

No medications are indicated prior to significant atrial dilation. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM. Prognosis is guarded long term, given the highly variable rates of progression with subclinical cardiomyopathy.

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc).



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Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

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Plan: A screening blood pressure and T4 are recommended every 6 months lifelong.

BREED

DSH

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if any issues arise in the interim.

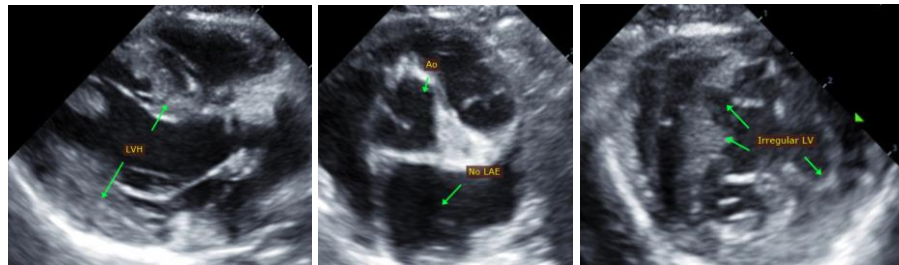
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IMAGES



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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.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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