



PATIENT

Teddy Bozzo

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

10 years

WEIGHT

11.9lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Mark van Campen,
DVM

HOSPITAL NAME

Mississippi Mills
Animal Hospital

REFERRING VET

Dr. van Campen

INVOICE

21720

DATE

10/26/21

PRESENTING CLINICAL SIGNS

History: Asymptomatic. 5/21 - diagnosed hyperthyroid- gallop rhythm present. Thyroid controlled with methimazole. On PE, heart murmur 1/6 in august. No arrhythmia noted. Had a tonic clinic seizure Oct 1st. On exam at that time no HM audible but had a gallop rhythm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with moderate hypertrophy. Adequate systolic function. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled and mildly hypertrophied. The mitral valve is normal with mild eccentric MR. The left atrium is moderately dilated and bulbous in appearance with a horizontal component. No obvious smoke. The right atrium is mild to moderately enlarged. Tricuspid valve is normal with mild TR. The right ventricle appears mildly affected as well. Blood flow through the LVOT and RVOT are normal in velocity. No aortic insufficiency. No pericardial effusion seen. No pleural effusion. 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>	LVWd (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	5.4	NM	0.76	1.5	0.75	52	94
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 (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	1.8	1.7		0.71	0.8	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

HCM is a rule out diagnosis once hypertension and hyperthyroid disease have been ruled out. Both should be considered in this case, although if the thyroid is well controlled this is likely unrelated. Regardless, moderate biatrial enlargement is present in addition to significant LV hypertrophy. The only cause of the murmur identified is mitral regurgitation, which is hemodynamically insignificant. No obvious additional issues are identified.

Given the finding of biatrial dilation, there is risk for progression in the future and medications can be considered for theoretic benefit. It is important to note that no medications have been shown to change outcome at this stage of disease. It is unclear if the recent episode was neurologic or cardiac in origin. A thrombotic event is a possibility, and Plavix should be considered to cover all bases with atrial enlargement. If the episodes recur, further neurologic evaluation may be indicated. Additionally, pending blood pressure measurement >130mmHg, an ACE-I would also be reasonable. If there is difficulty or reluctance to medicate at home, simple monitoring would be an alternative approach. Discussion with the owner is advised.



PATIENT

Teddy Bozzo

The long-term prognosis is guarded given the degree of disease seen here. There will always remain risk for progression to CHF and development of blood clots and/or sudden death in the future. Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

SPECIES

Feline

Anesthetic risk is considered moderate, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

BREED

DLH

SEX

Male Neutered

PLAN

Screening BP and T4 are recommended every 6 months. If elect to medicate, oral medications are as follows: Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Institute ACE-I 0.5mg/kg PO q12h.

AGE

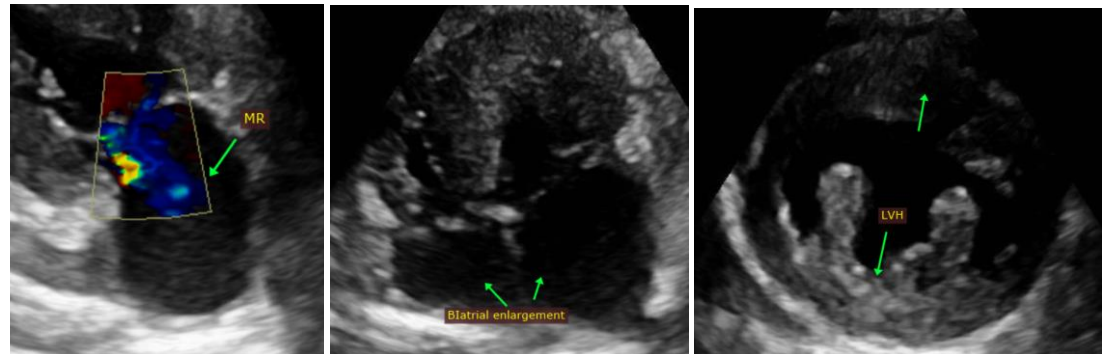
10 years

A recheck echocardiogram is recommended in 6 months to assess progression.

WEIGHT

11.9lbs

IMAGES



INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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.

IMAGING PERFORMED BY

Mark van Campen,
DVM

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.

HOSPITAL NAME

Mississippi Mills
Animal Hospital

Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

info@sonopath.com

REFERRING VET

Dr. van Campen

INVOICE

21720

DATE

10/26/21