



PATIENT

Smudge Knight

SPECIES

Feline

BREED

Domestic Short Hair

SEX

MN

AGE

2013

WEIGHT

11lbs 7oz

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Chadwell Animal
Hospital

REFERRING VET

Dr. Haskin

INVOICE

21369

DATE

10/5/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. No clinical signs at home, doing well.

-Current medications: Atenolol 25mg 1/4 PO QD

-Blood pressure: 133mmHg with doppler.

-Sedation used: Not needed.

-Pertinent previous ultrasound results (10/27/20 MML): HOCM. Borderline LVH, mild LVOTO: 3.0m/s, LA is normal: 1.2cm, IVSd: 0.56, LVWd: 0.56.

-STAT: Not requested.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied with extensive remodeling and regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. False tendon. There is mild papillary muscle hypertrophy and remodeling. The left atrium is mildly enlarged. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal. Mildly increased LVOT velocity with mild secondary eccentric MR. Blood flow through the RVOT appears elevated in velocity on color flow (not captured on Spectral). Trace tricuspid regurgitation is present. No pericardial or pleural effusion is visualized. No tumors seen.

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.3	170	0.64	1.5	0.63	54	87
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	1.5	1.38		1.4	1.2	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

Mild HOCM persists with evidence of slight progression. The LV wall dimensions are mildly increased comparatively, and mild LA enlargement has developed. No additional issues are identified and the LVOTO appears well controlled.

Even with mild progression, the overall disease remains in the mild category and no additional medications are indicated. Continue Atenolol as prescribed with monitoring for associated clinical signs going forward.

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 (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.

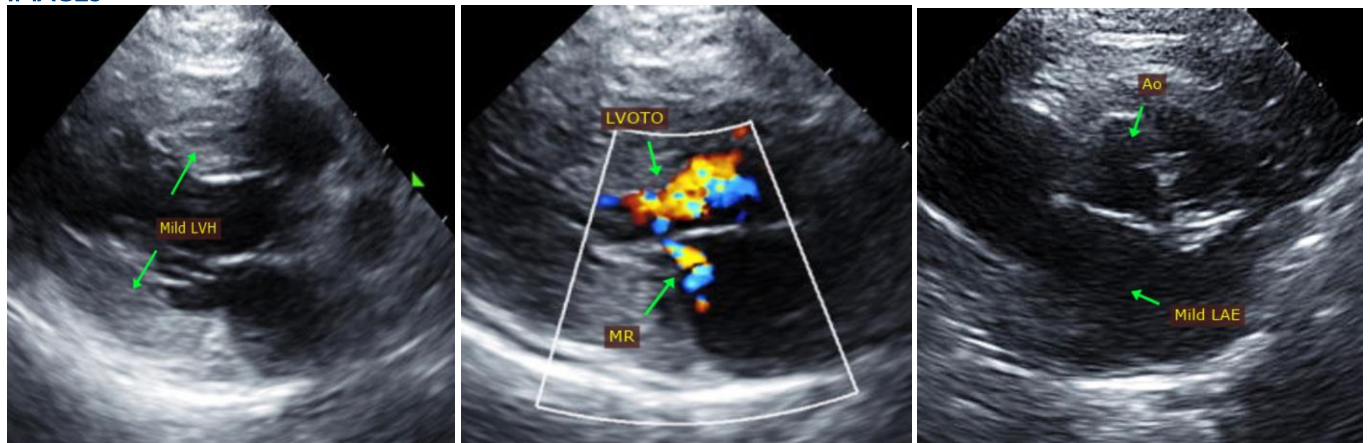
Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

PLAN

Screening blood pressure and T4 are recommended yearly.

Recommend recheck echocardiogram every 6-12 months 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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