


**PATIENT**

 Murray Hunt  
 Szymanski

**PRESENTING CLINICAL SIGNS**

History: ProBNP extremely elevated at greater than 1500. Grade 4/6 heart murmur with PMI left side. Weight loss.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

14 years

**WEIGHT**

10.1lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**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 to moderate MR. The left atrium is moderately dilated and bulbous in appearance with a horizontal component. No obvious smoke. The right atrium is normal. Tricuspid valve is normal with no TR. The right ventricle appears normal. 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	4.6	130	0.79	1.5	0.75	50	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	1.6	1.7	1.6		1.0	0.8	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**

HCM is a rule out diagnosis once hypertension and hyperthyroid disease have been ruled out. Both should be considered in this case. Regardless, moderate left atrial enlargement is present in addition to significant LV hypertrophy. The only cause of the murmur identified is mitral regurgitation; however, other possibilities such as systolic anterior motion are not entirely ruled out. No obvious additional issues are identified.

Given the finding of left atrial 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. Pending blood pressure measurement &gt;130mmHg, an ACE-I would be reasonable. Additionally, Plavix may be reasonable given atrial dilation to help decrease the risk of a blood clot event in the future. If there is difficulty or reluctance to medicate at home, simple monitoring would be an alternative approach. Discussion with the owner is advised.

**HOSPITAL NAME**

 Chippawa Animal  
 Hospital

**REFERRING VET**

Dr. Dowell

**INVOICE**

21405

**DATE**

10/6/21



**PATIENT**

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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.

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**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**

14 years

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

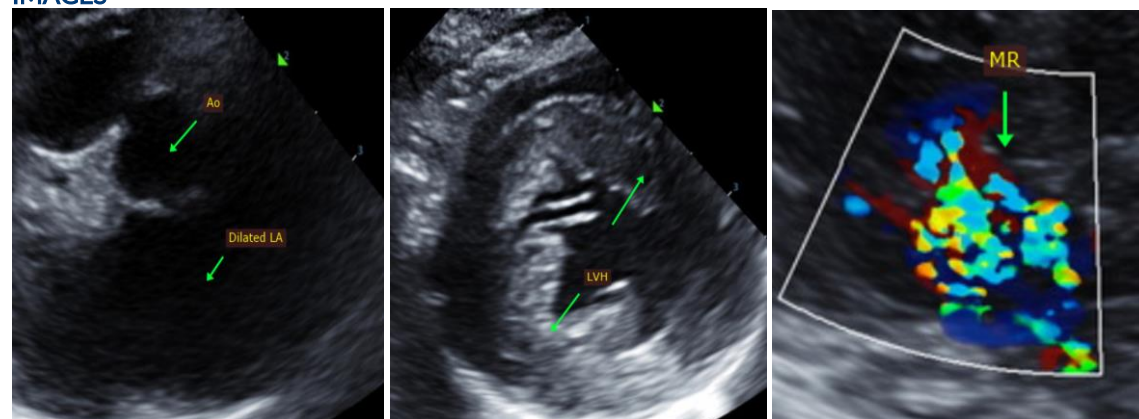
**WEIGHT**

10.1lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

**IMAGES**



**IMAGING PERFORMED BY**

Crystal Hill, RVT

**HOSPITAL NAME**

Chippawa Animal  
Hospital

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.

**REFERRING VET**

Dr. Dowell

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.

**INVOICE**

21405

**Maggie Machen Lamy, DVM**  
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**DATE**

10/6/21