



PATIENT

Carl Sullivan

PRESENTING CLINICAL SIGNS

History: Previously diagnosed murmur has now intensified to a grade 5/6. Resting respiratory rate has also increased.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately hypertrophied with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. Moderate left atrial and auricular dilation with a horizontal component, not captured in LA/AO. No spontaneous contrast. No right atrial enlargement present. Normal RVOT velocity. Systolic anterior motion (SAM) of the mitral valve is suspected although not confirmed on Spectral doppler. There is moderate eccentric mitral regurgitation present presumably secondary to SAM. Trace TR is noted. Normal velocity. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

BREED

Persian

SEX

Male Neutered

AGE

11 years

CARDIAC CHART

WEIGHT

8.8lbs

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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.0	167	0.78	1.2	0.74	54	88
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	1.7	1.7	1.58		2.2	1.3	NM

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Belan, DVM

**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.

HOSPITAL NAME

South Pointe Veterinary Clinic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diagnosis is hypertrophic obstructive cardiomyopathy. This indicates some degree of LV hypertrophy (moderate in this case) with a dynamic LVOT obstruction (SAM) and secondary MR. Regardless, there is moderate left atrial dilation present, indicating the risk of spontaneous CHF and/or a thrombotic event may be elevated going forward.

REFERRING VET

Dr. James

While no medications have been shown to definitively alter long term outcome at this stage of disease, it is reasonable to initiate atenolol at this time as below in light of a significant LVOTO and LA dilation. Plavix is also reasonable; however, this can be difficult to administer. Prognosis is guarded with LA dilation, however there is great variability in rates of progression of subclinical cardiomyopathy. A screening BP and T4 are recommended to assess for complicating factors.

INVOICE

21439

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10/8/21



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A change in respiratory rate is unlikely to be cardiac related unless early CHF is contributing, chest radiographs are strongly recommended to rule out this possibility. If no evidence of congestion other possibilities should be considered such as primary respiratory disease. Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future. Anesthetic risk is elevated if needed, and 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.

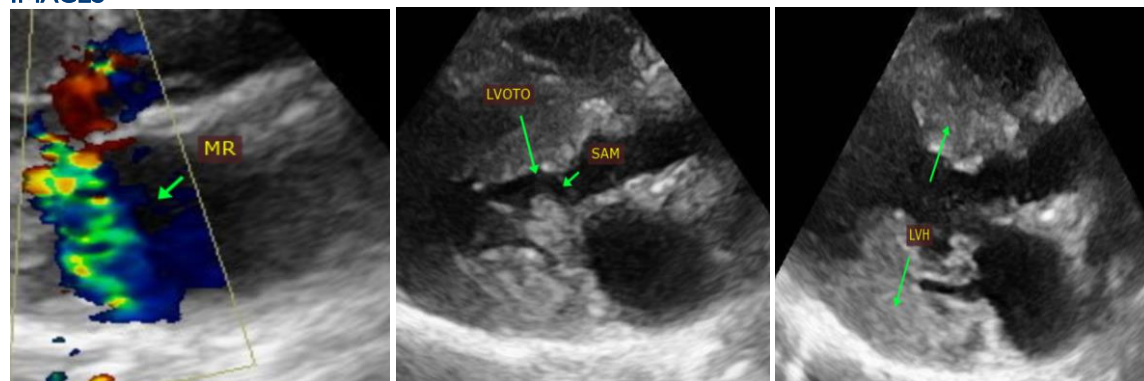
PLAN

Baseline CXR and BP strongly recommended. Administer titrating dose of atenolol: 25mg tablets; Give ¼ tab once daily. Recheck heart rate in 1-2 weeks with target stressed rate of 140-160bpm 12-24 hours post-administration. Increase as needed until target reached. Consider blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges).

Screening blood pressure and T4 are recommended every 4-6 months.

Recommend recheck echocardiogram in 6 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.

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