



PATIENT

Sauce Keefe

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

4 years

WEIGHT

11.2lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

27205

DATE

11/1/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM with irregular wall thicknesses, hyperechoic endocardium, thickened, elongated papillary muscles on prior echocardiograms (5/19/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology; 2/2/22 Scott Forney, DVM, DADVIM-Cardiology). Currently, Sauce continues to do well with a good appetite and activity level. On exam: NSR, no murmur noted, PSS, lung fields clear, compressible thorax. BP: 100-110mmHg. Current medications: Atenolol 25mg 1/4 tab twice a day. *No sedation for study.
-Pertinent previous echo measurements: LA 1.23 cm; LA:Ao 1.27; IVS 0.45 cm; PW 0.72 cm; LVOT 1.37 m/s.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are irregular with significant posterior wall thickening. Septal thinning. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are asymmetric with significant hypertrophy and hyperechoic appearance. False tendon. The endocardium appears remodeled.

Left atrium: The left atrium is mildly dilated. No obvious spontaneous contrast or thrombi seen.

Mitral valve: The mitral valve is normal in structure and mobility. Systolic anterior motion is seen with trivial MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: The right atrium is normal in dimension.

Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 160bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.5
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.46
LVID diastole (cm)	1.7
PW thickness (cm)	0.66
LVID systole (cm)	0.7
FS (%)	58

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is continued evidence of progression. The LV morphology is highly asymmetric with advanced posterior wall and papillary muscle hypertrophy. The septum appears thinning compared to the prior study, which may suggest infarcted region or burn out physiology. Regardless, the LVOTO appears well controlled, and the LA is unchanged indicating relatively low risk for complication. No additional issues are identified.



PATIENT
Sauce Keefe

These findings, while concerning, do not clearly warrant additional therapy. The heart rate appears well controlled on the current dose of Atenolol, which should be considered. Prognosis is certainly guarded long-term, with risk for progression of clinical signs going forward.

SPECIES
Feline

- RECOMMENDATIONS**
- Continue Atenolol as prescribed.
 - Monitor BP/T4 q6mo.

BREED
DSH

- 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.

SEX
Male Neutered

- Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. Monitoring of RR/RE is advised particularly in the initiation phase.
- Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

AGE
4 years

PLAN

- Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues arise.

WEIGHT
11.2lbs

IMAGES

INTERPRETED BY

Maggie Machen Lamy, DVM
DACVIM (Cardiology)



IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

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. Masloski

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

27205

Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

DATE

11/1/22

Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)