



PATIENT

Max Mims-Tchoundjo

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

2.9.15

WEIGHT

10.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Banfield Towson

REFERRING VET

Dr. Washington

INVOICE

27693

DATE

11.29.22

PRESENTING CLINICAL SIGNS

History: Recheck echo.

-Current medications: None listed.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (6/22/22 MML): Mild LVH: 0.61/0.60. No LAE: 1.2cm.

-STAT: Not requested

-Imaging performed by:

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at both 25 and 50mm/s; 2mm/mV. The underlying rhythm is sinus in origin with an average heart rate of 166bpm. P for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. VPCs are seen throughout; primarily singles with one couplet. No supraventricular premature beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with isolated VPCs and a single couplet.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with minimally septal thickening and a markedly thickened free wall. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied and hyperechoic. The endocardium also appears remodeled. The left atrium is mildly enlarged. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.7	NM	0.58	1.5	1.0	44	79
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	NM	1.4	1.4		0.7	1.1	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

Compared to the prior study, there is evidence of progression. The LV wall dimensions have changed significantly with thinning of the septum and marked thickening of the free wall. The LA is now mildly enlarged; however, no additional structural issues are identified.

The ECG shows a sinus tachycardia, with isolated VPCs and one couplet. These are likely due to stress and structural changes. While a single VPC does not warrant therapy, a tight couplet is concerning in light of progressive disease on echo. Based upon the totality of the findings, consider Atenolol in this case if able to be medicated. If this is difficult to administer, simple follow up is advised. A BP should also be assessed, as a blood pressure >160mmHg would warrant ACE-I therapy.

Prognosis is guarded given the totality of the findings.

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).

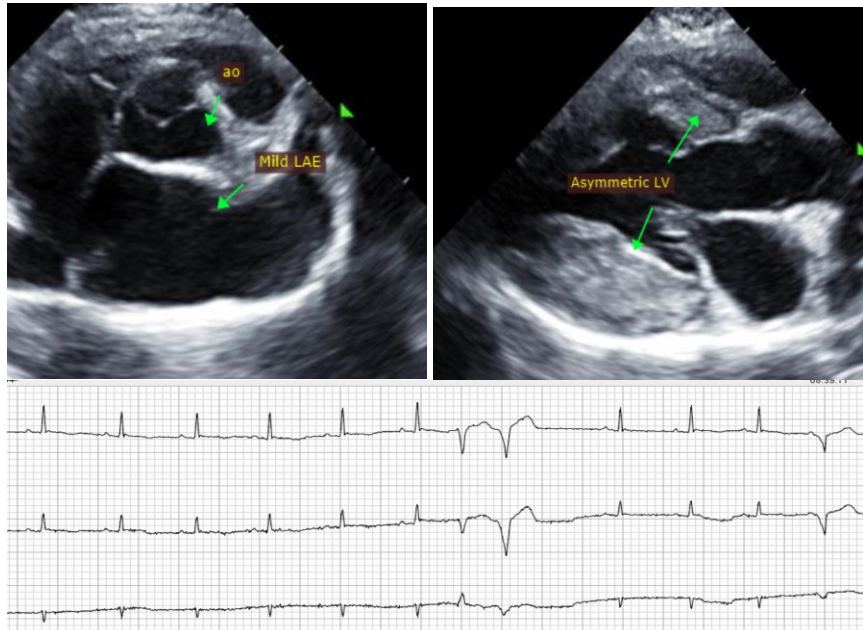
Elective anesthesia is not advised.

PLAN

Screening BP and T4 are recommended. If able, 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. If BP is >160mmHg, consider an ACE-I 0.5mg/kg PO q12h.

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if any clinical signs develop in the interim.

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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