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PATIENT

Curry Hollenbach

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

5 years

WEIGHT

14.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Andi Parkinson, RDMS

HOSPITAL NAME

Eastern Animal
Hospital

REFERRING VET

Dr. Haviland

INVOICE

22259

DATE

12/2/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of HOCM.

-Pertinent abnormal PE/Chem/CBC/UA Results: BNP: 1452, remainder NSF.

-Current medications: Atenolol 25mg tablets- 1/4 tab PO SID (P has been on this for > 1 yr).

-Sedation used: Gabapentin.

-Pertinent previous ultrasound results (1-7-2021 MML): Mild LVH, no LAE, minimal SAM, trace AI. LVOT: 1.3, IVSd: 0.66, LVWd: 0.67, LA: 1.26.

-STAT: Not requested.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly symmetrically hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscles appear normal. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. There is no systolic anterior motion (SAM) with a normal LVOT velocity. No mitral regurgitation. No obvious AI. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (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	6.7	125	0.6	1.5	0.65	45	80
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	1.24	1.24		1.4	0.63	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

Stable disease is identified in this study. The LV wall dimensions are unchanged, and the LA remains normal. No obvious systolic anterior motion is seen, and the heart rate is well controlled. No additional issues are identified.

Given these findings, continue Atenolol as prescribed. No additional medications are clearly indicated.

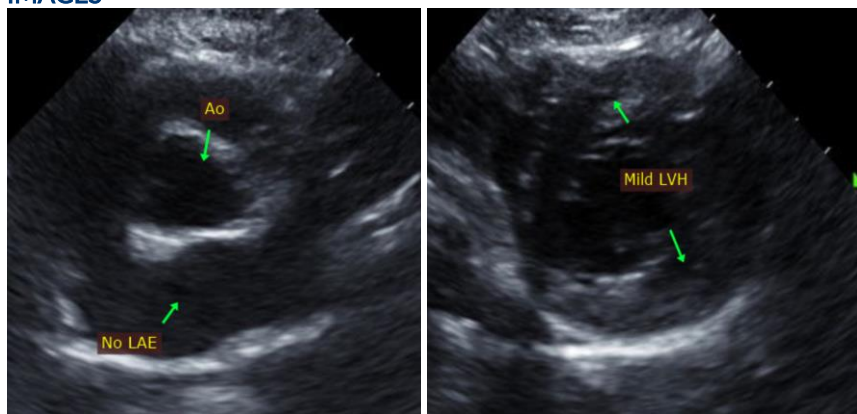
Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). 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.

PLAN

Screening BP and T4 every 6 months. Continue Atenolol as prescribed.

Recommend conservative monitoring with a recheck echocardiogram in 1 year, sooner if clinical signs 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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