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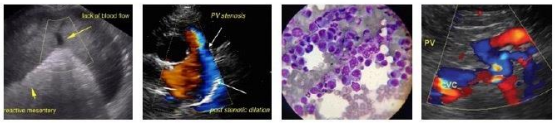


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT
Mochi MacNaught

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
2 years

WEIGHT
11lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Kelly Reschny, RVT

HOSPITAL NAME
Headon Forest Animal Hospital

REFERRING VET
Dr. Van Monsjou

INVOICE
27833

DATE
12/6/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 2/6 heart murmur.
-Pertinent previous echo findings (5/2022 MML): Borderline LVH: 0.59/0.58cm. Dynamic LVOTO, mild to moderate MR, no LAE: 1.0m/s.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is hypertrophied with moderate septal thickening and mild free wall dimensions. There is a mildly hyperechoic endocardium. The endocardium also appears mildly remodeled. The MV appears normal. A dynamic LVOTO is identified on color flow imaging (not captured on Doppler) with moderate eccentric MR. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. Blood flow through the RVOT is normal in velocity. No obvious TR. There is no pleural or pericardial effusion seen. There are no obvious cardiac tumors.

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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.0	230	0.74	1.42	0.64	50	92
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	1.2	1.2	1.2		1.9	1.8	NM

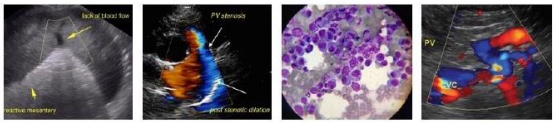
**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
Adapted from June Boon, Veterinary Echocardiography,1998
Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic obstructive cardiomyopathy (HOCM) persists with evidence of progression. Previously borderline LV wall dimensions have increased, with mild to moderate hypertrophy overall. The LA remains normal, indicating low for complication; however, progression is concerning. The patient is also tachycardic on exam. No additional issues are identified.

Given these findings, reasonable to institute Atenolol at this time as below. If there is difficulty medicating at home, an alternative would be to simply monitor. That being said, progression and tachycardia are certainly concerning.

Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.



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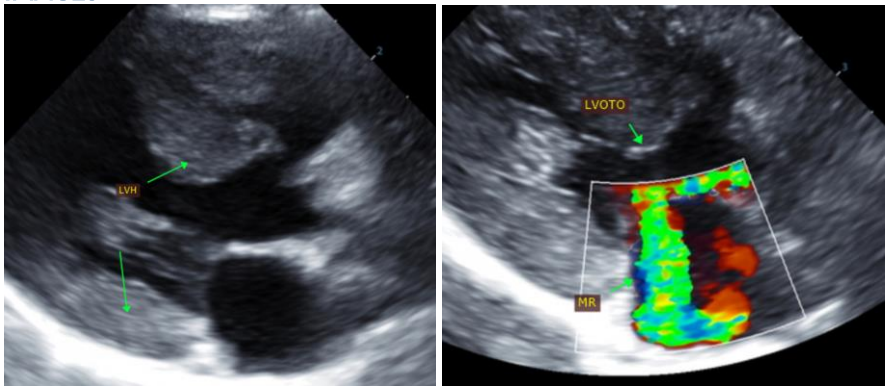
Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

PLAN

Institute titrating dose of atenolol if able: 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. Monitor BP/T4 every 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
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