



PATIENT

Kona Rosenberger

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

6 years

WEIGHT

10.6lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

West Hills Animal
Hospital

REFERRING VET

Dr. Remcho

INVOICE

22508

DATE

2/10/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Since prior evaluation, experienced one episode of possible syncope. Patient was weak and very pale then recovered. HR: 200bpm.

-Current medications: Atenolol 6.25mg PO q24h.

-Pertinent previous echo findings (8/2021 MML): Minimal LVH: 0.6cm globally, mild SAM, mild MR, no LAE: 1.1cm.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 20mm/mV. The average heart rate is 170bpm with a largely regular rhythm. The rhythm is sinus in origin, with a 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. The QRS is isoelectric. MEA is shifted left. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus tachycardia. Left axis deviation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with a discrete septal bulge and a normal free wall dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle remodeling. 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. Mild systolic anterior motion (SAM) of the mitral valve present, with an elevated dynamic LVOT velocity (not captured on Spectral). There is mild eccentric mitral regurgitation present secondary to SAM. No other significant valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. 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	4.8	200	0.74	1.4	0.51	76	98
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		1.3	1.2	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic obstructive cardiomyopathy (HOCM) persists with relative stability. The LV morphology is somewhat altered; however, the overall thickening remains mild with a discrete septal bulge. SAM persists likely due to poor heart rate control. Regardless, the left atrial dimension remains normal indicating low risk for complication. No additional issues are identified, and the ECG is unremarkable.

Giving these findings, it is reasonable to continue Atenolol. The dose should be altered however, as the target heart rate is 140-160bpm stressed. It is unclear the cause of the syncopal episode; however, if during a time of exertion or heart rate stimulation, this may be related. No arrhythmic cause is identified. A baseline blood pressure and T4 are recommended every 6 months.

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 (ketamine, glycopyrrolate, atropine).

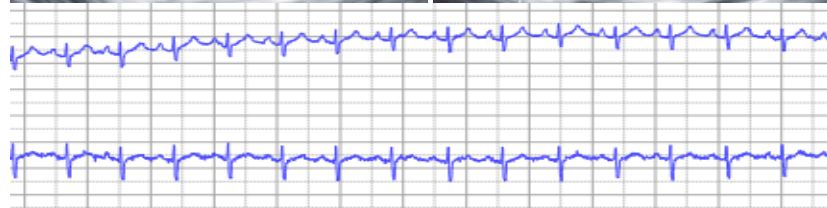
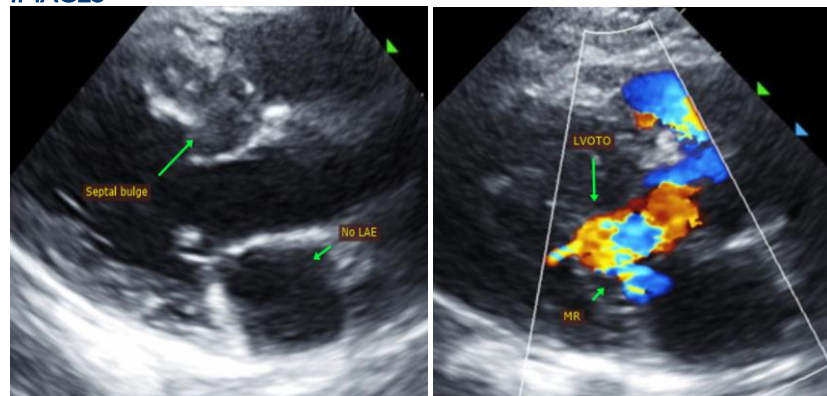
PLAN

Increase atenolol to 12.5mg PO q24h. 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 syncopal episodes recur, full systemic evaluation is advised with reassessment of the ECG.

Screening blood pressure and T4 are recommended every 6 months.

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

IMAGES





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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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