


PATIENT

Monster Rios

SPECIES

Feline

BREED

Maine Coon Mix

SEX

Male Neutered

AGE

13 years

WEIGHT

9.8lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

 Beattie Pet Hospital
 Burlington

REFERRING VET

Dr. Murota

INVOICE

22484

DATE

2/10/22

PRESENTING CLINICAL SIGNS

History: Heart murmur; currently stable but has gotten louder. Having "passing out" episodes. BAR, mm slight pale pink, crt <2s slightly tacky Mod prolonged skin tent, ~5-8% dehydrated Hx of hematochezia, IBD, CKD and anemia.

-Current medications: Gabapentin 50mg, Clindamycin 75mg

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 230bpm with a largely regular rhythm. P waves are difficult to identify throughout; however, a sinus rhythm is suspected. P for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed. ECG diagnosis: Normal sinus tachycardia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied. 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. Mildly elevated 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	4.46	230	0.66	1.5	0.66	51	85
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	1.3	1.45	1.33	1.3	1.7	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

The diagnosis is hypertrophic obstructive cardiomyopathy (HOCM). This indicates LV thickening (mild in this case) with a dynamic LVOT obstruction (SAM) and secondary mitral regurgitation as the cause of the heart murmur. The hypertrophy and obstruction are both mild. There is no left atrial enlargement present, indicating the risk of



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spontaneous CHF and/or a thrombotic event is currently low. No additional issues are identified. The ECG is unremarkable with a normal sinus tachycardia.

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While no medications have been shown to definitively alter long term outcome at this stage of disease, atenolol is often initiated to decrease the outflow obstruction. If the patient is easily medicated, it is reasonable to initiate at this time as below. If there is difficulty medicating at home, an alternative approach would be closely monitoring for progression in the next 6-12 months. Discussion with the owner is advised. No additional medications are indicated prior to significant atrial dilation.

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More historical information regarding episodes of passing out is necessary to determine potential underlying causes. If occurring with exertion/heart rate stimulation, they may be related to the LVOTO, and use of Atenolol may improve/decrease frequency. Otherwise, they are unlikely to be cardiac in origin and neurologic and/or systemic issues should be considered.

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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).

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PLAN

If elected, 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. Screening blood pressure and T4 are recommended every 6 months.

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Maggie Machen Lamy,
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(Cardiology)

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

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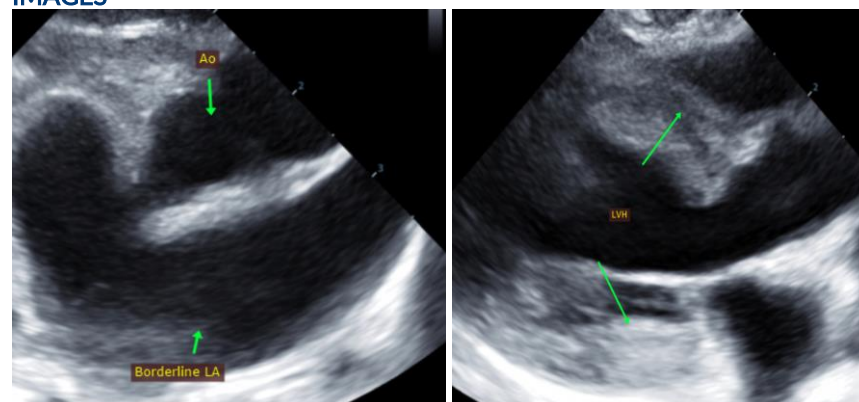
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IMAGES

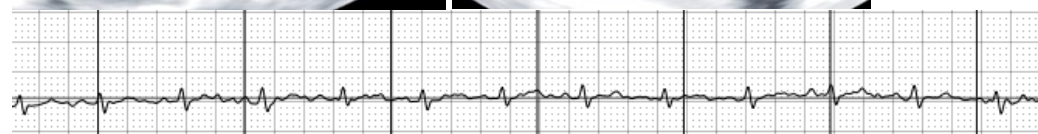


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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