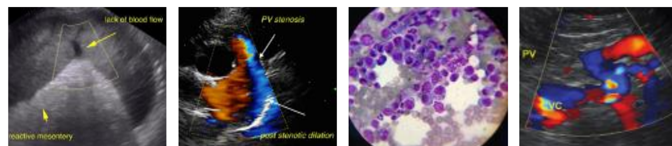

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PATIENT
Maxx Vitt

SPECIES
Feline

BREED
Manx

SEX
Male Neutered

AGE
17 years

WEIGHT
11lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Jennifer Todd, DVM

HOSPITAL NAME
Lambs Gap Animal Hospital

REFERRING VET
Dr. Todd

INVOICE
29029

DATE
2/16/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of grade III/VI heart murmur and systemic hypertension. Maxx was presented on 12/22/22 for lethargy and plantigrade hind limb gait. BP: Maxx was presented on 12/22/22 for lethargy and plantigrade hind limb gait. BP: 153/115, 154/114, 155/114mmHg.
-Current medications: Amlodipine 0.625mg PO Q24 hours.
-Abnormal lab results: Showed increased fPL (21.7) and increased ProBNP (956). Cerenia was prescribed and echo advised.
-Pertinent previous echo findings (12/2021 EL): IVSD; 0.7, LVWd: 0.54.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is increased in dimension with a significant focal septal thickening and a mildly thickened free wall. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is mild left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Trace TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. 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	4.9	NM	0.80	1.58	0.65	52	90
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	1.5	1.4		1.3	1.0	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 cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Given that the BP has reportedly stabilized since the prior exam and there is still progression in LVH, hypertensive cardiomyopathy is considered unlikely. Assuming the thyroid is normal, primary disease is suspected. What is seen here is relatively mild despite significant septal hypertrophy with mild LA dilation. No additional issues are identified. No cause for the murmur is apparent in this study, making it likely physiologic in origin.

Given these findings, no medications are indicated. Continue monitoring of BP is recommended every 6 months going forward,

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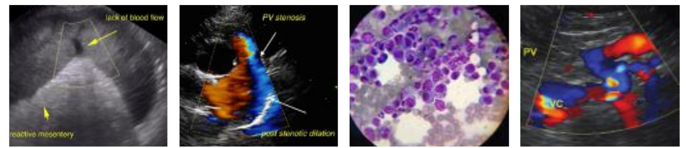

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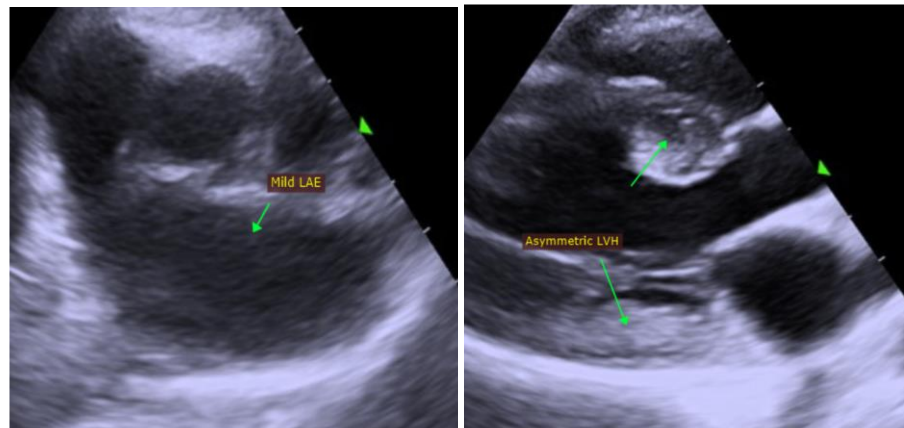
Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

PLAN

A screening blood pressure and T4 are recommended, then every 6 months lifelong.

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if any issues arise 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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com