



PATIENT

Onyx Chalup

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

7 years

WEIGHT

13.4lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Bennett

INVOICE

29063

DATE

2/16/23

PRESENTING CLINICAL SIGNS

History: Presented today after P had an episode of collapse. Occurred while walking away from food bowl, let out a loud yowl, crossed forelimbs, collapsed to the ground. Maintained consciousness throughout the episode and got up a few minutes later. P has history of heart murmur and mild HCM dx on echo in Feb 2022 so O was worried about possible syncope or ATE. - Exam: QAR, shy. Severe ptyalism (O did not see this at home; unclear whether it may be partially due to car ride vs. other). Grade 2-3/6 parasternal systolic murmur. Lungs clear. Ambulatory, normothermic 100.3, normal pulses and tail/anal tone. Heart Rate and Respiratory Rates HR 180, RR 28. BP: 142mmHg.
 -Current medications: Cerenia 1mg/kg SC.
 -Abnormal PE/Chem/CBC/UA Results: CBC, chem10, EPOC - all WNL - ProBNP = 1193.
 -Radiographs: Moderate cardiomegaly.

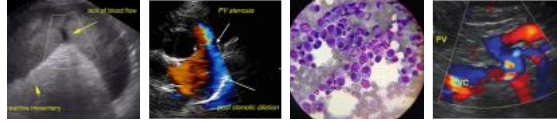
ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with a focal septal thickening. The free wall measures borderline. There is minimal endocardial remodeling and fibrosis. The papillary muscles are normal in size and hyperechoic. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. The tricuspid valve appears normal. Trace TR> Normal flow through both the RVOT and LVOT. No obvious AI or PI. No obvious congenital abnormalities. No pleural or pericardial effusion seen. 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 | 6.1 | 160 | 0.60 | 1.7 | 0.55 | 44 | 78 |
| 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 | 1.5 | 1.4 | 1.29 | | 1.2 | 0.9 | 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.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only abnormality identified is focal septal hypertrophy. While this may reflect an early form of HCM (segmental hypertrophy), a normal variant is also possible. Continued follow up is advised. There is no evidence of elevated left atrial pressure and no additional issues identified.

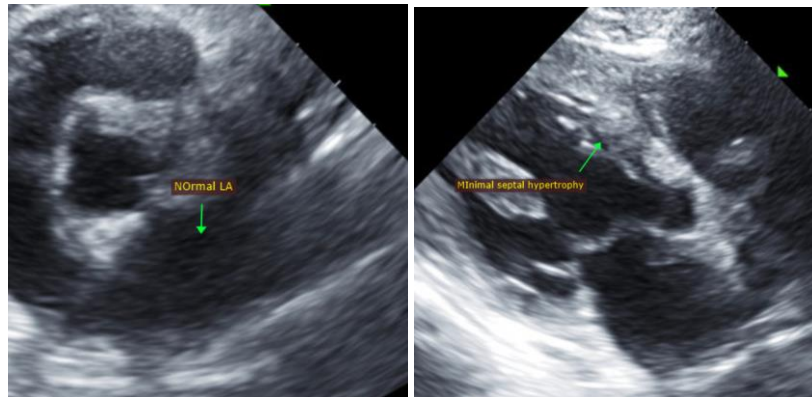
Given these findings, no obvious cause for the episode is appreciated. Consider further diagnostics, such as an ECG, systemic evaluation, etc.

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). Avoid vasodilators as this may worsen an outflow obstruction (if present). 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: Further evaluation as discussed.

Recommend recheck echocardiogram in 12 months to assess for progression, sooner if a murmur or gallop rhythm develops 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