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PATIENT

Sylvester Waters

SPECIES

Feline

BREED

DMH

SEX

Male Neutered

AGE

10.25.09

WEIGHT

16.25lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Andi Parkinson, RDMS

HOSPITAL NAME

North Laurel Animal
Hospital

REFERRING VET

Dr. Cohn

INVOICE

22656

DATE

2.17.22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade II/VI murmur.

-Current medications: Atenolol 25mg 1 ¼ tab SID, Amlodipine 2.5mg ¼ tab.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (06-21-2021 MML): No LVH or LVOTO appreciated. No LAE.

-STAT: Not requested.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscles appear normal. The right ventricle is subjectively normal in size and morphology. There is no left atrial dilation. No right atrial enlargement present. Normal RVOT velocity. There is systolic anterior motion (SAM) of the mitral valve present, depending on heart rate. Moderate mitral regurgitation seen associated with abnormal valve motion. Mild tricuspid regurgitation. No AI/PI. 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) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LWVd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	7.4	200	0.60	1.8	0.58	35	69
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		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	NM	1.2	1.2		1.0	1.0	NM

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 most notable difference between this study and the previous is recurrence of systolic anterior motion and a poorly controlled heart rate. With a patient on Atenolol this is difficult to explain without a dose change; however, an up-titration is certainly indicated. Mild LV hypertrophy has also returned, likely secondary to this phenomenon. The LA remains normal, indicating low risk for complication. No additional issues are noted in this study.

Even with these findings, the risk for complication is low and no additional medications are indicated. Prognosis remains guarded long-term; however, this is certainly encouraging to see.

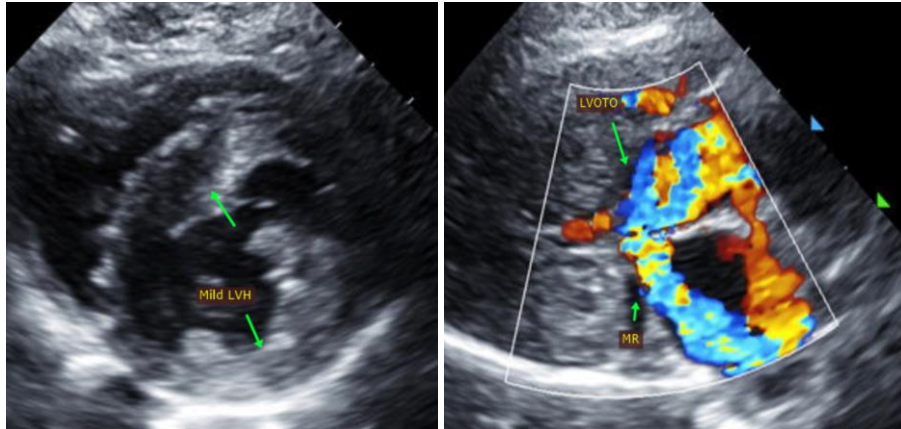
Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future. Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

PLAN

Up-titrate Atenolol to effect, administer ½ tablet PO q24h and assess response (target is 140-160bpm stressed). Continue Amlodipine as prescribed, pending blood pressure assessment.

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.

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