


PATIENT

Norm Bizzaro

PRESENTING CLINICAL SIGNS

 History: Grade 3/6 heart murmur. O describes syncopal episodes.
 -Abnormal PE/Chem/CBC/UA Results: ProBNP 482 SG: 1.032.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is increased overall with mild to moderate hypertrophy. Adequate systolic function. Small LV chamber dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled and mildly hypertrophied. The mitral valve is normal with mild eccentric MR. The left atrium is moderately dilated and bulbous in appearance with a horizontal component. No obvious smoke. The right atrium is mildly enlarged. Tricuspid valve is normal with mild TR. Normal velocity The right ventricle appears mildly affected as well. Blood flow through the LVOT and RVOT are normal in velocity. No aortic insufficiency. No pericardial effusion seen. No pleural effusion. No obvious cardiac tumors.

BREED

DSH

SEX

Male Neutered

AGE

6 years

CARDIAC CHART
WEIGHT

14.1lbs

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	6.4	200	0.70	1.16	0.75	73	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	1.5	1.7	1.7		1.1	1.2	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.

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

The Gentle Vet

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HCM is a rule out diagnosis once hypertension and hyperthyroid disease have been ruled out. Both should be considered in this case. Regardless, moderate left atrial enlargement is present, which may suggest risk for complication. The right heart is also affected with mild TR, although to a lesser extent. No obvious additional issues are identified. It is worth noting that the LV chamber size is decreased and assessing volume is recommended through baseline lab work.

REFERRING VET

Dr. Dulude

Given the finding of moderate left atrial dilation, there is risk for progression in the future and medications can be considered for theoretic benefit. It is important to note that no medications have been shown to change outcome at this stage of disease. It is unclear if reported syncope is neurologic or cardiac in origin as there is no obvious cause in this study, such as an outflow tract obstruction. A thrombotic event is a possibility, and Plavix should be considered to cover all bases with atrial enlargement. If the episodes recur, further neurologic evaluation may be indicated. Additionally, pending blood pressure measurement >130mmHg, an ACE-I would also

INVOICE

29139

DATE

2/21/23



PATIENT

Norm Bizzaro

be reasonable. If there is difficulty or reluctance to medicate at home, simple monitoring would be an alternative approach. Discussion with the owner is advised.

SPECIES

Feline

The long-term prognosis is guarded given the degree of disease seen here. There will always remain risk for progression to CHF and development of blood clots and/or sudden death in the future. Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

BREED

DSH

Anesthetic risk is considered moderate, 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. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

SEX

Male Neutered

AGE

6 years

PLAN

Screening BP and T4 are recommended every 6 months. If elect to medicate, oral medications are as follows: Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Institute ACE-I 0.5mg/kg PO q12h.

WEIGHT

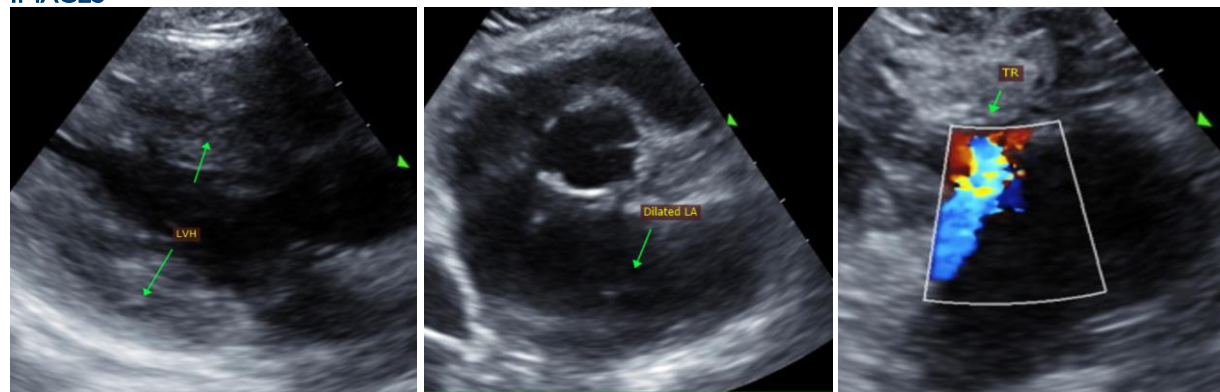
14.1lbs

A recheck echocardiogram is recommended in 6 months to assess progression.

IMAGES

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)



IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

The Gentle Vet

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.

REFERRING VET

Dr. Dulude

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.

INVOICE

29139

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

DATE

2/21/23