



PATIENT

Ben Moloughney

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

8.2years

WEIGHT

16.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

B. Barnes, DVM

HOSPITAL NAME

Westview Veterinary
Hospital

REFERRING VET

Dr. Barnes

INVOICE

29171

DATE

2/22/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. HR in hospital stressed 139bpm. Assess prior to dental. BP: 157mmHg.

-Current medications: Atenolol 6.25mg SID.

-Sedation: Ace 0.75mg and Torb 2mg IM

-Pertinent previous echo findings (8/2021 MML): Moderate to severe LVH (0.8/0.9cm), mild LAE (1.5), SAM, moderate MR.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately hypertrophied with a normal internal chamber. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy. 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. There is systolic anterior motion (SAM) of the mitral valve present, with an elevated LVOT velocity (dynamic profile). There is moderate eccentric mitral regurgitation present secondary to SAM. Normal MR velocity. Trace TR. No other obvious valvular regurgitation is present. There is no pericardial effusion appreciated.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	7.5	NM	0.70	1.56	0.72	68	96
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	1.3	1.5	1.5		2.0	1.2	NM

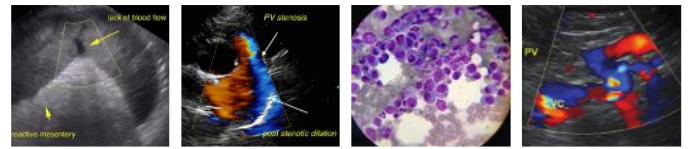
**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
Adapted from June Boon, Veterinary Echocardiography, 1998
Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic obstructive cardiomyopathy persists with continued stability. The LV wall thickness is actually mildly increased with a stable mild left atrial dimension. The LVOTO appears reasonably controlled and no additional issues are identified.

Given these findings, continue Atenolol going forward. Prognosis is guarded long-term; however, stability long-term is certainly a good sign.

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,



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isoflurane maintenance. 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.

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Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

BREED

DSH

PLAN
Monitor BP/T4 every 6-12 months. Consider a dose increase in Atenolol pending baseline HR measurement; target heart rate stressed/in hospital is 140-160bpm.

SEX

Male Neutered

Recommend recheck echocardiogram in 6-12 months to assess for progression, sooner if clinical issues arise.

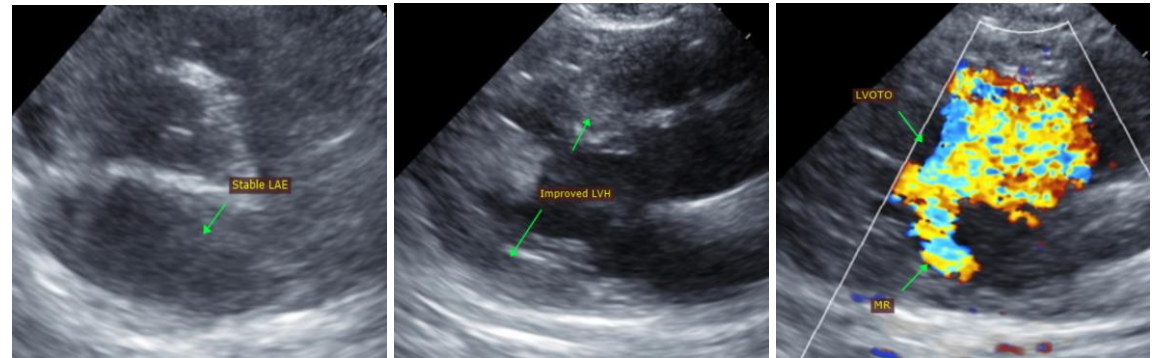
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IMAGES



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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.

IMAGING PERFORMED BY

B. Barnes, DVM

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.

HOSPITAL NAME

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Hospital

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