



PATIENT

Crumpet Wayne
Animal Shelter

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

~6 months

WEIGHT

6.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Shari Reffi CVT

PRESENTING CLINICAL SIGNS

History: Grade IV/VI murmur. Shelter kitten, no clinical signs. Spayed with no complications. No current medications.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied with some regions of asymmetry. There is a mildly hyperechoic endocardium. The right ventricle is subjectively normal in size and morphology. There is a normal left atrial dimension. No right atrial enlargement present. Normal RVOT velocity. Mild thickening and elongation of the anterior MV leaflet. There is systolic anterior motion (SAM) of the mitral valve present, causing an LVOT obstruction (not captured on Spectral) and a kissing lesion on the septum. No significant mitral regurgitation seen. No tricuspid regurgitation. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated.

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	2.9	190	0.65	1.38	0.59	45	80
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	1.4	1.3	1.1		2.0	0.8	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

The likely diagnosis is hypertrophic obstructive cardiomyopathy. This indicates some degree of LV hypertrophy (mild in this case) with a dynamic LVOT obstruction. A lesion is seen in the LVOT, which may be primary (i.e., similar to SAS), or may have developed secondary to abnormal valve motion, such as with HOCM. Regardless, this will lead to an obstruction through the region at elevated heart rates. Only mild hypertrophy and no significant LA dilation is identified, indicating the risk is low at this time.

While no medications have been shown to definitively alter long term outcome at this stage of disease, it is reasonable to initiate at this time as below in light of these findings and the young age of the patient. If there is difficulty medicating at home, an alternative approach would be closely monitoring for progression in the next 6-12 months, particularly given a normal LA dimension. Prognosis is guarded, given the highly variable rates of progression with subclinical feline cardiomyopathy.

HOSPITAL NAME

Companion Animal
Hospital - Wyane

REFERRING VET

Dr. Spitz

INVOICE

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DATE

2/23/22



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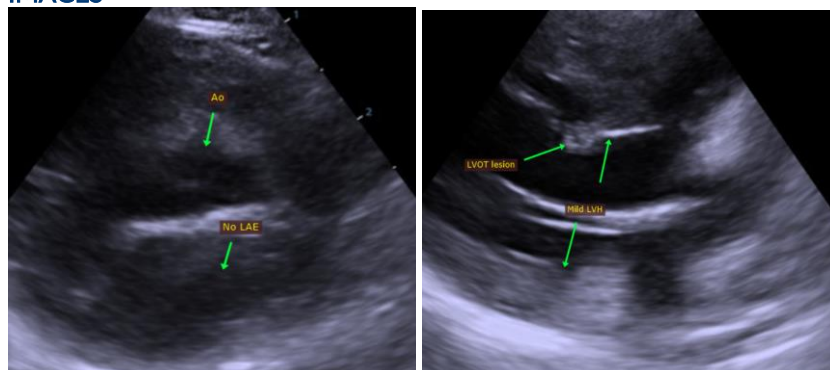
Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future. Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically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

PLAN

If able, administer titrating dose of atenolol: 25mg tablets; Give ¼ tab once daily. Recheck heart rate in 1-2 weeks with target stressed rate of 140-160bpm 12-24 hours post-administration. Increase as needed until target reached. Screening blood pressure and T4 is recommended.

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.

Maggie Machen Lamy, DVM
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