

**PATIENT**

Sheldon Tucciarella-Boothe

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

10.13.10

WEIGHT

15.2lbs

INTERPRETED BYMaggie Machen Lamy,
DVM, DACVIM
(Cardiology)**IMAGING PERFORMED BY**

Andi Parkinson, RDMS

HOSPITAL NAMEBelvedere Veterinary
Center**REFERRING VET**

Dr. Eden

INVOICE

22808

DATE

2.24.22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Patient presented for stranguria. Patient had urinary blockage and required u-cath placement. During exam grade 3-4/6 heart murmur. Pre-sedative bloodwork unremarkable other than severe <1000 BNP. Cardioprotective pre-meds (Buprenex and Midazolam) and Propofol for u-cath placement and p cardio/respiratory arrested. Resuscitated after CPR within 30-45 seconds. Since then, patient is responding well to medications and diet change for primary struvitorea.

-Pertinent abnormal PE/Chem/CBC/UA Results: BNP 1053 (<100), Neutrophilic 9590 (<8500), Alb 4.0 (3.9), Na 161 (<155), Amylase 1421 (<1200), CPK 1073 (<529). UA- USG 1.055, pH 7, Pr 4+, Blood 4+, Struvites 4-10.

-Current medications: Since 2/2/22- RC Urinary SO diet, Prazosin 1mg BID, Gabapentin 100mg - PO q8-12h, Onsior 6mg- 3-day course complete.

-Sedation used: Patient sedated with Gabapentin 0 100mg

-Pertinent previous ultrasound results (1/20/15 MK): Mild LVH: 0.65/0.74. No LVOTO.

-STAT: Not requested

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately increased in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. 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) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.9	160	0.79	1.3	0.82	60	92
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	NM	1.1	1.1		1.2	0.7	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

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both should be ruled out in this case as contributing factors; however, given LVH noted in 2015, primary disease is suspected. The degree of disease is mild, with only moderate LVH and no LA dilation. This would indicate the risk for clinical issues is low at this time. No additional issues are identified.

No medications are indicated prior to significant atrial dilation. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM.

These findings do not clearly explain the recent anesthetic event which remains open for cause.

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).

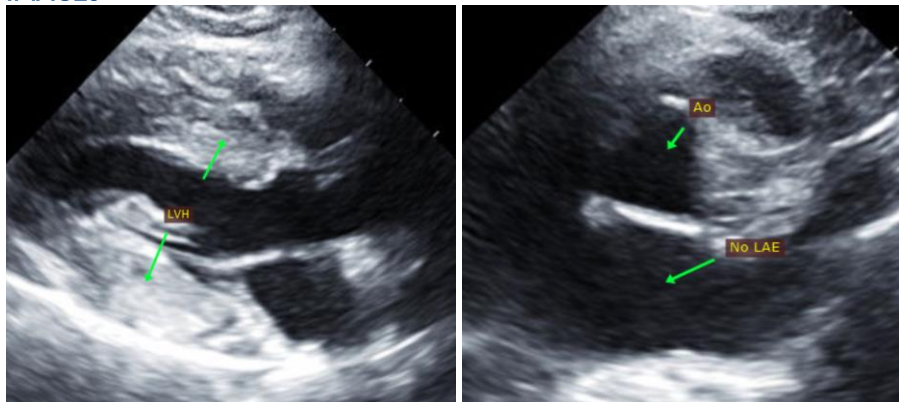
Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with 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.

PLAN

A screening blood pressure and T4 are recommended every 6 months lifelong.

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if any issues arise 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.

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