



PATIENT

Socks Ominger

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

14 years

WEIGHT

10.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dr. Belan, DVM

HOSPITAL NAME

Healthy Paws
Forward Veterinary
Clinic

REFERRING VET

Dr. Boisen

INVOICE

22792

DATE

2/24/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Assess prior to dental.

-Pertinent previous echo findings (8/2021 MML): Severe LVH, moderate LAE, SAM with moderate MR. AV max: 4.2. LA: 1.7, IVSd: 0.8, LVWd: 0.83. Lasix and Atenolol were recommended.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is severely thickened with obliteration of the LV chamber. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is severe left atrial enlargement present with evidence of smoke. Mild right atrial enlargement present. Borderline RVOT velocity with a dynamic profile. There is significant systolic anterior motion (SAM) of the mitral valve present, with an elevated dynamic LVOT velocity. There is moderate eccentric mitral regurgitation present secondary to SAM. No other obvious valvular regurgitation is present. No pericardial or pleural effusion seen. No tumors appreciated. Rapid heart rate noted throughout.

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	4.74	250	0.97	1.5	0.81	56	89
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	1.8	2.2	2.1		3.5	2.3	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic obstructive cardiomyopathy (HOCM) persists with evidence of progression. The LV dimensions are slightly increased, and the LA is markedly enlarged. Subtle smoke is appreciated, which dramatically elevates the risk for a blood clot event. The aortic outflow velocity remains elevated with a marked tachycardia. **A baseline ECG is strongly recommended.**

Given these findings, immediate lifelong cardiac support is recommended. Atenolol was previously suggested; however, is not mentioned in the history. Lasix is also indicated, simply due to the severity of the findings and tachycardia. A screening blood pressure is highly recommended with institution of an ACEI if >160mmHg. Prognosis is guarded to poor at this stage of disease.



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Elective anesthesia is not advised until the patient is stabilized and even then, will remain high risk.

SPECIES

Feline

Monitor at home for any change in RR/RE, exercise intolerance, and/or signs of a blood clot going forward.

BREED

DLH

PLAN

A baseline ECG is strongly recommended. Institute Lasix 1mg/kg PO q12h. Institute Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety). Institute 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. Baseline BP recommended with institution of an ACEI if >160mmHg.

SEX

Male Neutered

Monitor renal values, BP and HR every 4-6 months lifelong.

AGE

14 years

Recommend recheck echocardiogram in 6 months, to assess for progression/regression.

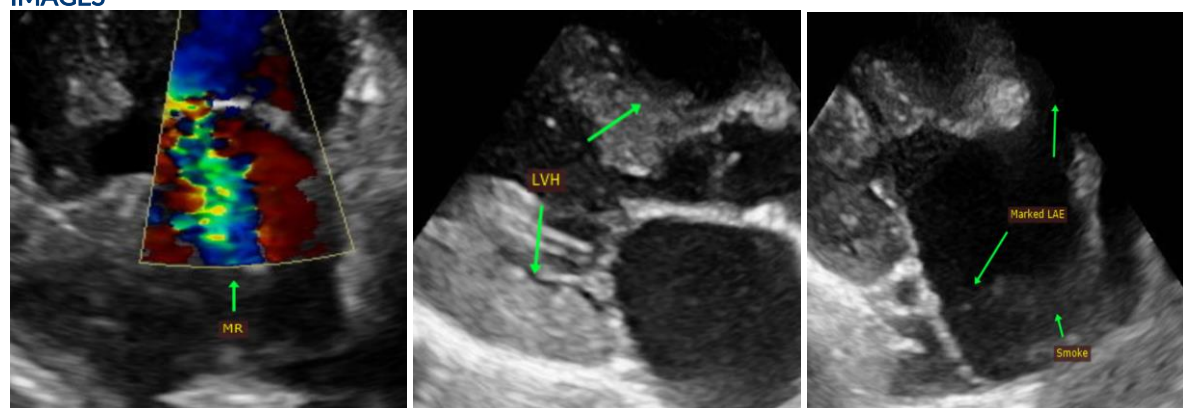
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IMAGES

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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.

HOSPITAL NAME

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Clinic

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.

REFERRING VET

Dr. Boisen

Maggie Machen Lamy, DVM
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info@sonopath.com

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