


PATIENT

Tila Cabral

PRESENTING CLINICAL SIGNS

History: Previously diagnosed HCM (medically managed with Atenolol). Owner brought in for PE February 15, 2022, presenting with difficulty eating, jaw moving out of place. Grade 4/6 heart murmur.

SPECIES

Feline

-Current medications: Gabapentin 20mg 1cap PO BID until dental. Convenia 0.44mL injection given February 15/22. Atenolol 25mg 1/2T PO SID.

BREED

Sphynx

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with mild septal hypertrophy, remainder measures normal in dimension. Mild papillary muscle remodeling. There is a diffusely hyperechoic endocardium consistent with fibrosis. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility with no mitral regurgitation. Blood flow through the LVOT is laminar and normal in velocity. Blood flow through the RVOT is mildly elevated in velocity secondary to tachycardia creating a benign outflow tract obstruction. No evidence of cardiac tumors or effusions in this scan.

AGE

10 years

CARDIAC CHART
WEIGHT

8.7lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

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	3.95	190	0.61	1.27	0.49	54	88
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE <small>(Swe) (Abbott)</small>	LA 2D short axis Base view <small>(cm) (Abbott)</small>		LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	1.2	1.1	1.0		1.1	2.1	NM
<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.							

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Main Street Animal Hospital

REFERRING VET

Dr. Albright

INVOICE

22799

DATE

2/24/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of a murmur in a heart rate dependent flow obstruction through the right ventricular outflow tract which is a benign finding. There is LV remodeling and fibrosis and a mildly thickened septal dimension. True hypertrophic disease (HCM) is a rule out diagnosis, once a patient is deemed euthyroid and normotensive. Thyroid status and a baseline blood pressure should be obtained if not recently performed. Serial echocardiography will be necessary to determine progression. Prognosis is open due to the highly variable rates of progression of subclinical feline cardiomyopathy.

From a clinical standpoint, the left atrial dimension is normal indicating the disease is currently stable. There are many ways to approach subclinical feline cardiomyopathy, and Atenolol is often used if there is an outflow tract obstruction. That is not appreciated in this case, however if this drug is well tolerated there is likely no harm in continuing it. The



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target heart rate when using Atenolol is 140-160bpm, and if continued the drug should be increased until the target is obtained. Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). This patient may be intolerant of fluid and/or steroid therapy, should this be necessary in the future. Monitor RR/RE closely at home in this instance.

SPECIES

Feline

Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

BREED

Sphynx

SEX

Female Spayed

PLAN

If elect to continue Atenolol, increase dose as discussed. Screening blood pressure and T4 are recommended every 6 months.

AGE

10 years

Recommend recheck echocardiogram in 6-12 months to screen for progression, sooner if any associated clinical signs arise.

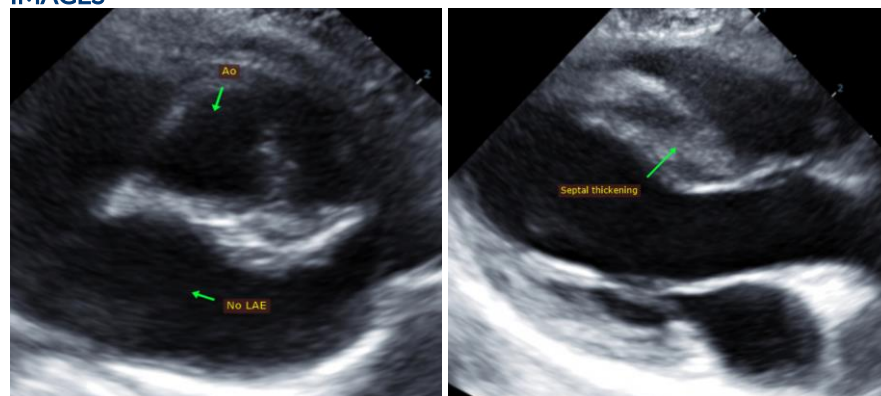
WEIGHT

8.7lbs

IMAGES

INTERPRETED BY

Maggie Machen Lamy,
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(Cardiology)



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HOSPITAL NAME

Main Street Animal
Hospital

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. Albright

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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