

PATIENT PRESENTING CLINICAL SIGNS

Loki McCluskey

History: Grade II/VI systolic murmur; no clinical signs. Needs anesthesia for dental procedure.
 BP: 188mmHg x 2.

SPECIES ECHOCARDIOGRAM FINDINGS

Feline

2D, m-mode, color flow and Doppler imaging is available.

BREED

DLH

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are mildly increased, with regions of irregularity. False tendon. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied and hyperechoic. The endocardium appears mildly remodeled.

SEX

Male Neutered

Left atrium: The left atrium is normal in dimension. No smoke or thrombi seen.

Mitral valve: The anterior leaflet of the mitral valve appears normal in morphology. Mild systolic anterior motion is seen with a mildly elevated LVOT velocity. Mild secondary MR.

AGE

7 years

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mildly increased aortic outflow velocity with a dynamic profile. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: The right atrium is normal in dimension.

WEIGHT

11lbs

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 210bpm.

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	1.2
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.63
LVID diastole (cm)	1.7
PW thickness (cm)	0.62
LVID systole (cm)	0.6
FS (%)	64

Doppler Measurements

PV Vmax (m/s)	1.4
AoV Vmax (m/s)	2.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
 RDCS

INTERPRETATION OF THE FINDINGS

HOSPITAL NAME

Pine Banks Animal
 Hospital

The diagnosis and cause of the murmur is hypertrophic obstructive cardiomyopathy. This indicates some degree of LV thickening (mild in this case) with a dynamic LVOT obstruction (SAM). There is no left atrial dilation, indicating the risk of spontaneous CHF and/or a thrombotic event is currently low. No additional issues are identified.

REFERRING VET

Dr. Emara

While no medications have been shown to definitively alter long term outcome at this stage of disease, atenolol is often initiated to decrease the outflow obstruction. If there is difficulty medicating at home and given a mild obstruction and normal LA, an alternative approach would be closely monitoring for progression in the next 6-12 months. Prognosis is guarded given a normal LA and highly variable nature of subclinical feline disease.

INVOICE

22379

DATE

2/6/22

The reported blood pressure is elevated and should be reassessed for persistence. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg



PATIENT
 Loki McCluskey

despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

SPECIES
 Feline

RECOMMENDATIONS

- If elected, 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 T4 if not recently performed.
- Reassess BP as discussed.
- 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).
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

BREED
 DLH

SEX
 Male Neutered

AGE
 7 years

PLAN

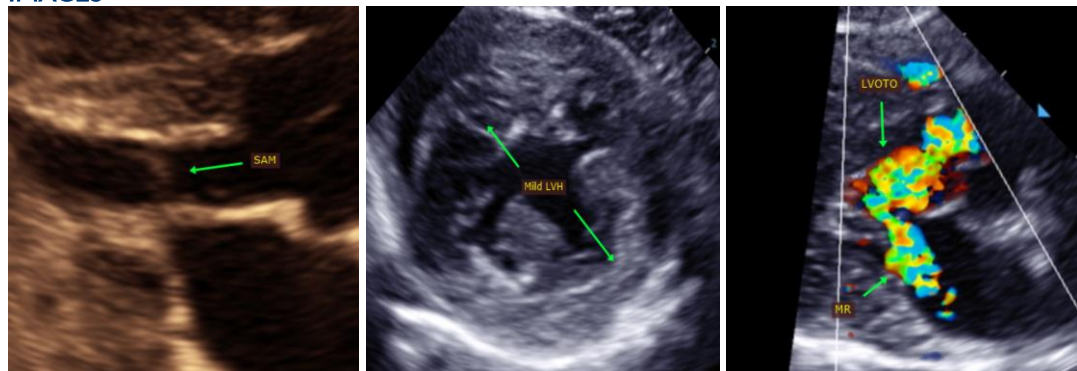
- Recommend recheck echocardiogram in 6 months to assess rate of progression, sooner if any issues arise in the interim.

WEIGHT
 11lbs

IMAGES

INTERPRETED BY

Maggie Machen
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IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

HOSPITAL NAME

Pine Banks 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. Emara

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.

INVOICE
 22379

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DATE
 2/6/22