



PATIENT

Fluffy Farace

SPECIES

Feline

BREED

DMH

SEX

Female Spayed

AGE

1.28.16

WEIGHT

10.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Stephanie Pearce
RDCS, RVT

HOSPITAL NAME

Churchville Veterinary
Clinic

REFERRING VET

Dr.Hoerle

INVOICE

22439

DATE

2.8.22

PRESENTING CLINICAL SIGNS

History: Presented for second opinion on chronic URI symptoms, presumed to have latent herpes virus infection. No heart murmur ausculted and no history of heart disease. Patient started having what she thought were seizures at home, suspect patient having syncopal episodes. Will lose ability to stand, fall over, slow to recover. Updated rabies vaccine.

-Pertinent abnormal PE/Chem/CBC/UA Results: 2/2/2022 AST 75, CK 1616. ProBNP - 1124 (normal 0-100). T4 - 2.3.

-Current medications: No current medications.

-Sedation used: Torbugesic.

-STAT: Not requested.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with regions of moderate thickening. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy with regions of remodeling. The right ventricle is subjectively normal in size and morphology. Mild to moderate left atrial dimension, no spontaneous contrast. No right atrial enlargement present. Normal RVOT velocity. There is moderate systolic anterior motion (SAM) of the mitral valve present, with an elevated LVOT velocity at elevated heart rates. Dynamic profile. There is moderate eccentric mitral regurgitation present secondary to SAM. No TR. No other obvious valvular regurgitation is present. 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)	LWVd (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	4.9	200	0.65	1.5	0.54	57	90
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	1.7	1.5		3.6	1.8	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

The diagnosis is hypertrophic obstructive cardiomyopathy. This indicates some degree of LV hypertrophy (asymmetric in this case) with a dynamic LVOT obstruction (SAM) and secondary MR. There is mild to moderate left atrial dilation present, indicating the risk of spontaneous CHF and/or a thrombotic event may be elevated going forward.

While no medications have been shown to definitively alter long term outcome at this stage of disease, it is reasonable to initiate atenolol at this time as below in light of a significant LVOTO and LA dilation. Plavix is also reasonable; however, this can be difficult to administer. Prognosis is guarded with LA dilation, however there is great variability in rates of progression of subclinical cardiomyopathy. A screening BP is recommended to assess for complicating factors.

The reported episodes may be cardiac in origin, particularly if they occur with significant stress/heart rate stimulation. In this instance, heart rate control will help control the symptom. Other possibilities include thromboembolic events (unlikely if recurrent), intermittent arrhythmias and/or seizure-like episodes. Follow up is advised pending response to medication.

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.

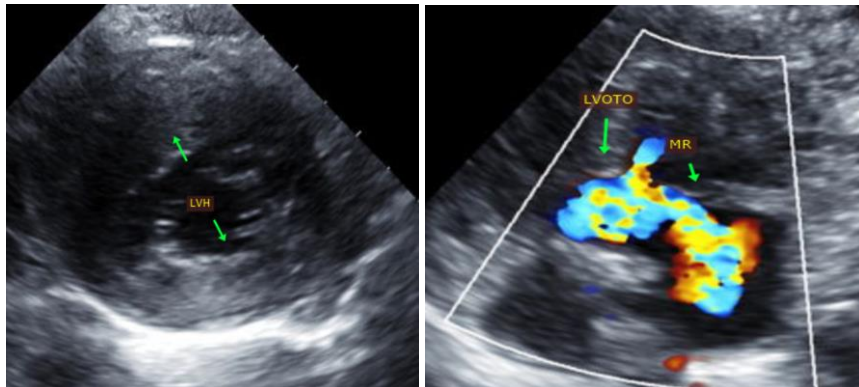
PLAN

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. Consider blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). No obvious indication for Lasix; discontinue.

Screening blood pressure and T4 are recommended every 4-6 months.

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.

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