



PATIENT

Richard Cebike

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

9 years

WEIGHT

9lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

PRESENTING CLINICAL SIGNS

History: Recheck echo. Current presentation: Richard has been having increased asthmatic episodes over the past few days (3-4 times a day). Previously he was having episodes every 6-11 days. Three months ago, he had a collapse episode and cried out. Good appetite and normal activity level. Richard is suspected to have a thoracic mass and will be getting a CT scan done. On auscultation, NSR, grade II/VI murmur noted best on sternum, PSS, lung fields clear, compressible thorax. BP: 100-110mmHg.

-Current medications: 1) Albuterol inhaler 3 times a day the past 3 days 2) Probiotic daily
*Sedated with alfaxalone.

-Pertinent previous echo findings (3/31/21 MML): essentially normal cardiac structure and function noted. Done to assess elevated ProBNP and radiographs suggestive of cardiomegaly. The LA measured mildly enlarged - normal variant vs early unclassified disease. LA 1.4 cm; LA:Ao 1.4; LV 1.58 cm with mild remodeling and fibrosis.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are irregular with segmental hypertrophy noted. False tendon. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied. The endocardium appears mildly remodeled.

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. Significant chordal systolic anterior motion is identified. Mild to moderate secondary MR.

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.

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 170bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.2
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.45
LVID diastole (cm)	1.3
PW thickness (cm)	0.78
LVID systole (cm)	0.7
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.57
AoV Vmax (m/s)	3.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INVOICE

22428

DATE

2/8/22

INTERPRETATION OF THE FINDINGS

Interesting case. Compared to the prior study there is development of pathology. The previously normal LV now shows regions of significant hypertrophy, which was not noted. Additionally, systolic anterior motion is appreciated and significant with secondary MR.

Interestingly, the LA is normal (previously mildly enlarged), indicating low risk for complication. No additional issues are identified.



PATIENT
Richard Cebike

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.

SPECIES
Feline

Even with these structural findings, this does not explain an isolated collapse episode (unless it was with significant exertion/stress) or asthmatic signs.

BREED
DSH

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 BP and T4 every 6 months.
- 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 an outflow obstruction (if present). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

SEX
Male Neutered

AGE
9 years

WEIGHT
9lbs

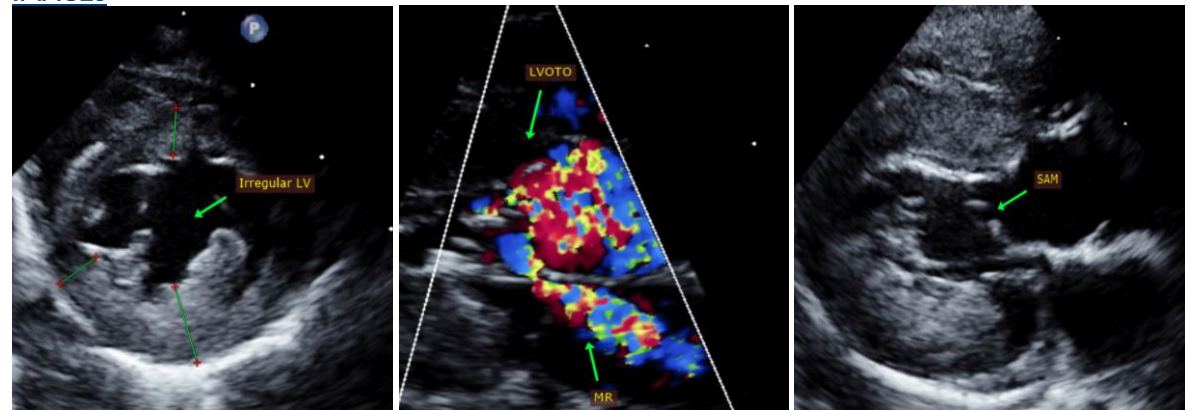
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PLAN

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

IMAGES



IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary Services

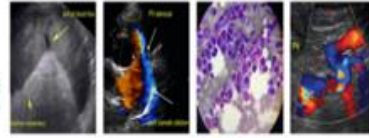
REFERRING VET
Dr. Masloski

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.

INVOICE
22428

DATE
2/8/22

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.



PATIENT

Richard Cebike

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

SPECIES

Feline

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

BREED

DSH

SEX

Male Neutered

AGE

9 years

WEIGHT

9lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

22428

DATE

2/8/22