



PATIENT

Cutie Smith

PRESENTING CLINICAL SIGNS

History: New murmur, grade 4/6 left systolic. ProBNP: 791.
Abnormal PE/Chem/CBC/UA Results: Cardiopet pro BNP 791pmol/l Obese

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2d, m-mode, color flow and doppler imaging is available. The left ventricular wall is mild to moderately hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy. Decreased LV dimension. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. There is systolic anterior motion (SAM) of the mitral valve present, with an elevated LVOT velocity (not captured on Spectral). There is mild eccentric mitral regurgitation present secondary to SAM. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated.

BREED

DSH

SEX

Male Neutered

CARDIAC CHART

AGE

15 years

WEIGHT

17.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	8.0	NM	0.68	1.10	0.68	52	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	1.3	1.2		1.5	0.8	NM

**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
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

L. Mandeville, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diagnosis is hypertrophic obstructive cardiomyopathy (HOCM). This indicates LV thickening (mild to moderate in this case) with a dynamic LVOT obstruction (SAM) and secondary mitral regurgitation as the cause of the heart murmur. The hypertrophy is significant yet the obstruction appears relatively mild. The LV has a volume depleted appearance, and baseline labs are suggested if not recently performed. There is no left atrial enlargement present, indicating the risk of spontaneous CHF and/or a thrombotic event is currently low. No additional issues are identified.

HOSPITAL NAME

BetterVet

REFERRING VET

Dr. Mandeville

INVOICE

28909

Prognosis is guarded long term, given the highly variable rates of progression with subclinical feline cardiomyopathy.

DATE

2/9/23

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 the patient is easily medicated, it is reasonable to initiate at this time as below. If there is difficulty medicating at



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home, an alternative approach would be closely monitoring for progression in the next 6-12 months. Discussion with the owner is advised. No additional medications are indicated prior to significant atrial dilation.

SPECIES

Feline

Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc). 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 (ketamine, glycopyrrolate, atropine).

BREED

DSH

Plan: Baseline labs, BP/T4. 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.

SEX

Male Neutered

Screening blood pressure and T4 are recommended every 6 months.

AGE

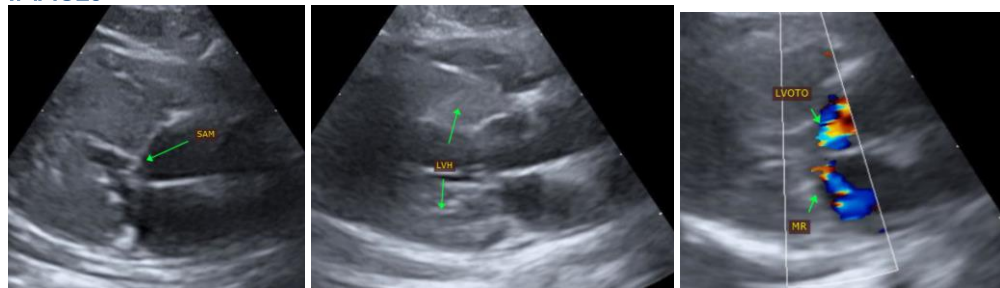
15 years

Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues arise.

WEIGHT

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IMAGES



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DVM, DACVIM
(Cardiology)

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.

IMAGING PERFORMED BY

L. Mandeville, DVM

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.

HOSPITAL NAME

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