


PATIENT

Gummy BAH

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

8 years

WEIGHT

11lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Lauren Sikorski

HOSPITAL NAME

 Animal Internal
 Medicine

REFERRING VET

Dr. Sikorski

INVOICE

23059

DATE

3/12/22

PRESENTING CLINICAL SIGNS

History: Incidental finding of grade 3/6 murmur.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately hypertrophied albeit difficult to visualize extensively. Mild LV dilation; adequate function. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy with mild remodeling. The right ventricle is normal. There is severe left atrial enlargement present. No obvious smoke seen. No right atrial enlargement present. Normal RVOT velocity. Abnormal anterior motion of the mitral valve is present, causing an elevated LVOTO velocity and moderate secondary MR (not captured on doppler). The anterior leaflet of the MV is thickened with some degree of dysplasia. No TR. Trace PI. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated.

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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.0	NM	0.73	1.93	0.76	50	82
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	2.5	2.2		NM	1.0	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.							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presumptive diagnosis and cause of the murmur is mitral valve dysplasia leading to significant LV hypertrophy and an obstructive LVOT flow pattern. The degree of obstruction is difficult to gauge in this image set; however, it appears significant, and this is presumably leading to hypertrophy of the LV. A primary hypertrophic component cannot be ruled out as a concurrent issue (HOCM), particularly given the age of the patient and unknown history. Regardless, there is significant left atrial dilation, indicating the risk for spontaneous CHF or a thromboembolic event is elevated going forward.



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Given today's findings, recommend institute Atenolol at this time as below. Additionally, Plavix should be considered if the patient is able to be medicated as there is high risk for a thromboembolic event. No obvious indication for additional medications prior to the onset of CHF; however, the risk for this is extremely high and close monitoring of breathing rates is advised. If any changes are noted at home, I would not hesitate to institute Lasix in this case. Monitor at home for any respiratory signs or evidence of blood clot events (neurologic change, paralysis, etc.).

Elective anesthesia is not advised.

Long term prognosis is guarded to poor given the severity of disease; however, rates of progression are highly variable. Many cats will remain asymptomatic until mid-life or beyond, while others develop CHF within a few years. Close monitoring for progression of LA dilation in the future will help determine long term prognosis.

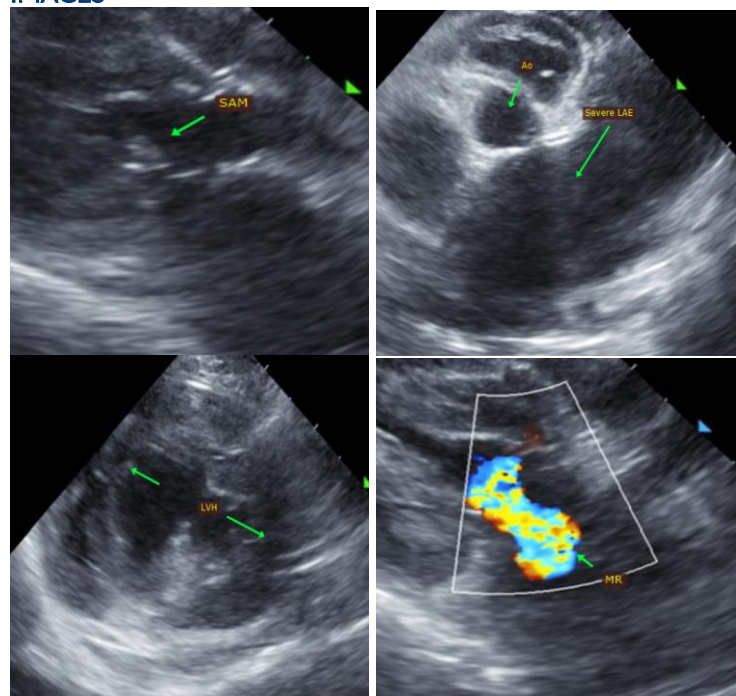
PLAN

Administer titrating dose of atenolol: 25mg tablets; Give ¼ tab once daily. Administer anti-coagulant Plavix/Clopidogrel 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety). If any clinical changes are noted at home, institute Lasix 1-2mg/kg PO q12h.

Screen BP and T4 are recommended every 6 months.

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

IMAGES





PATIENT

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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.

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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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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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