



PATIENT

Elsa Jane Harbolt

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

7 years

WEIGHT

10.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sands Hill Mobile
Veterinary Ultrasound

PRESENTING CLINICAL SIGNS

History: Recheck Echo. Previous episode 2/3/22 of pericardial effusion labor breathing and ataxia. Grade 2/6 murmur. 2/3/22 WBC 18,000. BP 3-17-22 Range 149/89-186/126, HR 141-144mmHg. -Pertinent previous echo findings (2/2022 MML): Mild LVH (0.64cm), borderline LAE, mild LVOTO: 2.5m/s. LA: 1.33. Suspect tachycardia-induced cardiomyopathy.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle remodeling. 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 no obvious systolic anterior motion (SAM) of the mitral valve present. Normal LVOT velocity. There is trace mitral regurgitation. 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	4.8	180	0.65	1.25	0.62	60	92
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	1.5	1.4	1.29		1.0	1.0	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.

HOSPITAL NAME

Surf City Animal
Hospital

REFERRING VET

Dr. Wick

INVOICE

23151

DATE

3/17/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, there is no significant difference. The LV wall dimensions are mildly increased (unchanged) and the LA remains essentially normal. Systolic anterior motion has improved, likely due to Atenolol therapy. That being said, the recorded heart rate during the study is >180bpm and the target in hospital is 140-160bpm. Reassess heart rate and potentially altering the Atenolol dose is recommended if persistently elevated.

No obvious indication for additional medications, although none are listed in the history. If Lasix and Plavix are still being utilized, these can be safely discontinued.

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,



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isoflurane maintenance. Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

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Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

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DSH

PLAN
Screening BP/T4 every 6 months. Consider a dose titration of Atenolol depending on current dose and follow up heart rate evaluation. Reassess BP as reported values are too variable to interpret. No indication to continue Lasix or Plavix at this time.

SEX

Female

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

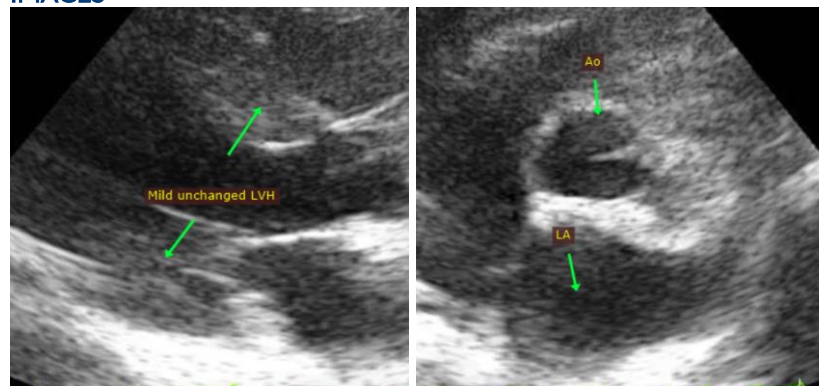
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IMAGES

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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.

HOSPITAL NAME

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Hospital

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

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