


PATIENT

Jack Whitehead

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 3 murmur. Reassess prior to anesthesia.
 -Abnormal PE/Chem/CBC/UA Results: BW-WNL.
 -Pertinent previous echo findings (2020 MML): Mild LVH, LVOVO: 2.5m/s, DRVOTO, trace MR/TR, no LAE. IVSd: 0.66, LVWd: 0.67, LA: 1.15.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is significant hypertrophied. The LV is chamber is normal with adequate function. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle remodeling and hypertrophy. The right ventricle is subjectively normal in size and morphology. There is moderate to severe left atrial enlargement present with evidence of spontaneous contrast. No right atrial enlargement present. Mild RVOT velocity elevation with a dynamic profile. Significant systolic anterior motion (SAM) is appreciated in this study. There is moderate eccentric mitral regurgitation. Normal velocity. No other significant valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

BREED

DLH

SEX

Male Neutered

AGE

10 years

CARDIAC CHART
WEIGHT

16.5lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

 Hartzel Animal
 Hospital

REFERRING VET

Dr. Bukovska

INVOICE

29675

DATE

3/17/23

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (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	7.5	220	0.82	1.3	0.78	50	84
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	2.1	2.2	1.8		2.2	2.0	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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic obstructive cardiomyopathy persists with evidence of significant progression. Previously mild LV hypertrophy is now severe with a persistent dynamic LVOT obstruction and secondary MR. There is moderate to severe left atrial dilation present, indicating the risk of spontaneous CHF and/or a thrombotic event is 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 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. Patient will always be at risk for CHF, development of blood



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clots and/or malignant arrhythmias/sudden death in the future. A screening BP and T4 are recommended to assess for complicating factors.

SPECIES

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

BREED

DLH

Anesthetic risk is considered significantly elevated and should be avoided as able. There is high risk for fluid overload, arrhythmias, BP issues, etc. 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.

SEX

Male Neutered

PLAN

Institute 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. Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges).

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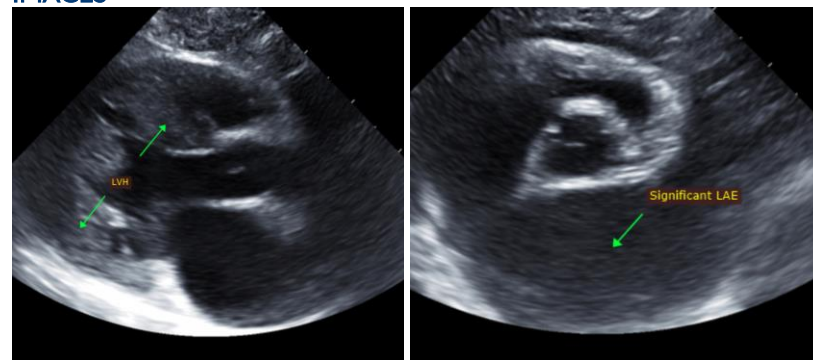
Screening blood pressure and T4 are recommended every 6 months.

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

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGES



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Kelly Reschny, RVT

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REFERRING VET

Dr. Bukovska

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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