



**PATIENT**  
Bambino Mancine

**PRESENTING CLINICAL SIGNS**

History: Presented for wellness exam with new grade III/VI heart murmur and prominent gallop rhythm and bounding pulses. BNP >1500. BP: 198, 199, 204mmHg. No cardiac clinical signs.

**SPECIES**  
Feline

**ECHOCARDIOGRAM FINDINGS**

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

**BREED**  
DSH

**Left ventricle:** The left ventricular wall is mild to moderately hypertrophied with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy with regions of remodeling.

**SEX**  
Male Neutered

**Left atrium:** Severe left atrial dilation with a horizontal component. Evidence of spontaneous contrast.

**AGE**  
11 years

**Mitral valve:** The mitral valve is normal in structure and mobility. There is systolic anterior motion (SAM) of the mitral valve present. There is trace MR secondary to SAM.

**WEIGHT**  
12.14lbs

**Aortic valve/aorta:** The aortic valve is normal in morphology and mobility. Severely elevated LVOT velocity and a dynamic profile. No aortic insufficiency.

**Right ventricle:** The right ventricle appears normal.

**Right atrium:** The right atrium is normal in dimension.

**Tricuspid valve:** The tricuspid valve appears normal with no tricuspid regurgitation.

**Pulmonic valve/pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Elevated RVOT velocity with a dynamic profile.

**Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 214bpm.

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**2-Dimensional Measurements**

Ao diam (cm)	1.0
LA diam (cm)	1.9
LA:Ao (Swe)	1.9
IVS thickness (cm)	0.6
LVID diastole (cm)	1.2
PW thickness (cm)	0.9
LVID systole (cm)	0.8
FS (%)	33

**Doppler Measurements**

PV Vmax (m/s)	2.8
AoV Vmax (m/s)	4.4
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**INTERPRETATION OF THE FINDINGS**

The diagnosis is hypertrophic obstructive cardiomyopathy. This indicates some degree of LV hypertrophy (moderate in this case) with a dynamic LVOT obstruction (SAM) and secondary MR. There is severe left atrial dilation present, indicating the risk of spontaneous CHF and/or a thrombotic event is elevated going forward. Spontaneous contrast is visualized within the left atrium and auricle, further increasing the risk for complication. Finally, a dynamic RVOT obstruction, which is benign.

**HOSPITAL NAME**  
Compassionate Care  
Veterinary Clinic

**REFERRING VET**  
Dr. Farrington

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. NO obvious indication for additional medications at this time; however, close monitoring of breathing rates is advised with institution of Lasix with any concerning changes.

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**DATE**  
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 Bambino Mancine

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 clots and/or malignant arrhythmias/sudden death in the future.

**SPECIES**  
 Feline

High blood pressure can contribute to LV hypertrophy, and the reported blood pressures are elevated. Recommend reassess for accuracy/persistence and need for additional vasodilator therapy.

**BREED**  
 DSH

**RECOMMENDATIONS**

- 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.
- Administer blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges).
- Reassess blood pressure, treat if indicated and screen for underlying causes.
- Anesthetic risk is considered moderately elevated, with 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.
- Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

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**WEIGHT**  
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**PLAN**

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

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 Veterinary Clinic

**REFERRING VET**

Dr. Farrington

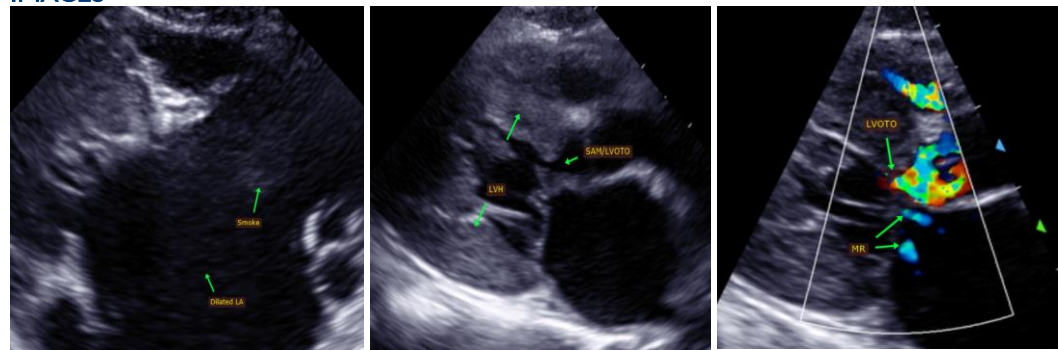
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**IMAGES**



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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Bambino Mancine

Maggie Machen Lamy, DVM

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