


PATIENT

Gizmo Sennett

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

6 years

WEIGHT

11lbs; 5.0kgs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

 Loetitia St-Jacques,
 LVT/RVT

HOSPITAL NAME

 Pine Creek Veterinary
 Clinic

REFERRING VET

Dr. Nolet

INVOICE

23254

DATE

3/23/22

PRESENTING CLINICAL SIGNS

History: Tachycardia, gallop, grade II-III left sided murmur. No reported symptoms.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately hypertrophied with regions of irregularity. There is a mildly hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle remodeling and irregularity. The right ventricle appears normal. There is severe left atrial enlargement present with a horizontal component. No obvious smoke. No right atrial enlargement present. There is systolic anterior motion (SAM) of the mitral valve present creating a mild LVOT on color flow and 2D (suspect underestimation). There is moderate eccentric mitral regurgitation present secondary to SAM. No AI or PI. No pericardial seen. Small pockets of pleural effusion noted. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	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		0.79	1.53	0.71	43	80
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	2.0	1.87		1.2	1.1	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

The diagnosis is hypertrophic obstructive cardiomyopathy (HOCM). This indicates LV thickening (moderate in this case) with a dynamic LVOT obstruction (SAM). There is severe left atrial dilation, indicating the risk of spontaneous CHF and/or a thrombotic event is and will be elevated lifelong. No additional issues are identified.

Even without clinical signs, the finding of pleural effusion is highly concerning for congestive heart failure and full lifelong cardiac support is recommended as below. Baseline chest radiographs may be beneficial for future comparison. If able to be medicated, the prognosis is poor for cats with CHF long term, however most are able to be managed for an average of 6-12 months on medications if tolerated.

Lifelong treatment is indicated as below. Atenolol is likely indicated in this patient as well to lower heart rate and decrease LVOT obstruction, however I would stagger initiation as below. Initiating a beta blocker in the face of active CHF can lead to worsening clinical signs. A screening blood pressure is also recommended prior to medicating.



PATIENT

Gizmo Sennett

Monitor at home for any respiratory signs or sign of blood clot events (neurologic change, paralysis, etc.).

SPECIES

Feline

PLAN

Institute diuretic furosemide/Lasix, 1-2mg/kg PO q8h for three days, then if doing well decrease to q12h. Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges. Coat in entirety). If patient experiences worsening dyspnea, fluid removal may be indicated.

BREED

DSH

Monitor PE, BP, renal panel in 10-14 days. If doing well, eating and BP >130mmHg, institute Benazepril and Atenolol at that time. If BP <130mmHg, do not institute ACEI. Dosages: Benazepril 0.5mg/kg PO q12 hours. Titrating dose of atenolol: 25mg tablets; Give ¼ tab once daily. If BP <130mmHg, do not utilize Benazepril.

SEX

Male Neutered

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.

AGE

6 years

*Note: If the patient is difficult to medicate, 4 medications can be overwhelming. Lasix, atenolol and Plavix are considered most important in this case for immediate benefit.

WEIGHT

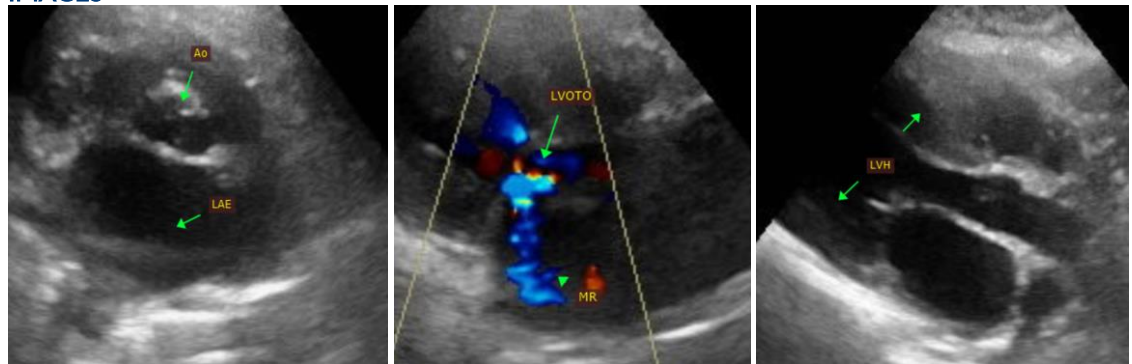
11lbs; 5.0kgs

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

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGES



IMAGING PERFORMED BY

Loetitia St-Jacques,
LVT/RVT

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.

HOSPITAL NAME

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Clinic

REFERRING VET

Dr. Nolet

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.

INVOICE

23254

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