

PATIENT

Zelda Novak

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

7.18.13

WEIGHT

12.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Happier at Home
Mobile Vet

REFERRING VET

Dr. Haskin

INVOICE

29973

DATE

3.31.23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 2/6 heart murmur on PE; lungs clear. Doing well. Assess prior to dental.
 -Current medications: Atenolol 6.25mg QD.
 -Sedation used: Not required to complete full diagnostic ultrasound.
 -Pertinent previous ultrasound results (3/2020 MML): Borderline LVH (0.57cm), mild LAE (1.37cm), mild LVOTO with moderate MR. AV max: 2.5m/s.
 -STAT: Not requested
 -Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension. 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 mild left atrial dilation. No right atrial enlargement present. Normal RVOT velocity. There is mild systolic anterior motion (SAM) of the mitral valve present, with a dynamic profile captured on doppler. Mild secondary eccentric mitral regurgitation seen. Trace tricuspid regurgitation. No AI/PI. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

CARDIAC CHART

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.7	NM	0.56	1.89	0.57	49	83
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	1.5	1.5		2.8	0.9	NM

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

Compared to the prior study, findings are remarkably similar given the time frame. The LV wall thickness is borderline increased with regions of irregularity. The LVOTO persists with secondary MR. Finally, the LA dimension is mildly increased, yet unchanged from previous. No additional issues are identified.

Given these findings, reasonable to continue Atenolol going forward ensuring the stressed HR does not exceed 160bpm.

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

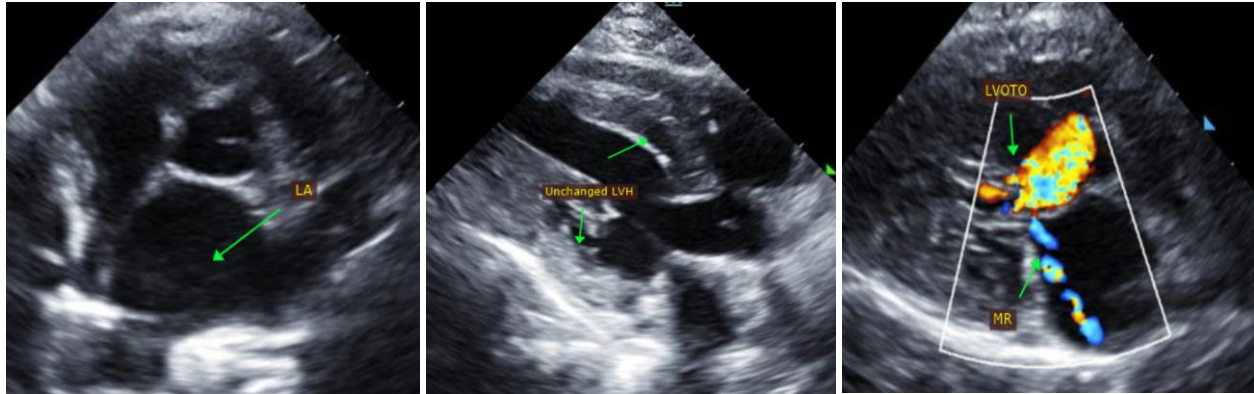
Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance.

PLAN

Continue Atenolol as prescribed, ensuring the HR stays below 160bpm stressed. Screening blood pressure and T4 is recommended every 6 months.

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

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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