



PATIENT

Rufus Bolden

SPECIES

Feline

BREED

Ragdoll

SEX

Male Neutered

AGE

9.8 years

WEIGHT

16

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sang K Han, DVM

HOSPITAL NAME

Oso Pet Care Center

REFERRING VET

Dr. Han

INVOICE

23611

DATE

4/12/22

PRESENTING CLINICAL SIGNS

History: Recheck echo.

-Pertinent previous echo findings (5/2021): Moderate LVH, mild LAE, mild MR with SAM/LVOTO. Measurements not provided. Atenolol recommended.

-CXR report (4/2022): Moderate left-sided cardiomegaly. Mild PV congestion, concerning for early CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately increased in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is minimal left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT	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	16	NM	0.70	1.4	0.78	43	80
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	1.6	1.4	1.3		0.83	0.6	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 cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Assuming both were ruled out previously, primary disease is suspected. Minimal left atrial enlargement would suggest the risk for complication is low. No additional issues are identified. Compared to the prior study, the LV/LA changes are similar; however,

Given these findings, no medications are indicated prior to significant atrial dilation. Atenolol was mentioned in the prior report; however, it is not listed in the history. If this was instituted, this is likely why there is no LVOTO seen here. If that is the case, it should be continued. Additionally, the radiograph report is equivocal for CHF. CHF is a radiographic diagnosis that can only be supported by ultrasound. That being said, without significant LA enlargement this would be



PATIENT

Rufus Bolden

considered unlikely as the cause of clinical signs. Further information is necessary, such as response to diuretics, etc.

SPECIES

Feline

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). 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.

BREED

Ragdoll

SEX

Male Neutered

PLAN

A screening blood pressure and T4 are recommended every 6 months lifelong. If Atenolol is being administered, this should certainly be continued. Further information is needed to determine if Lasix is necessary; however, suspicion is low.

AGE

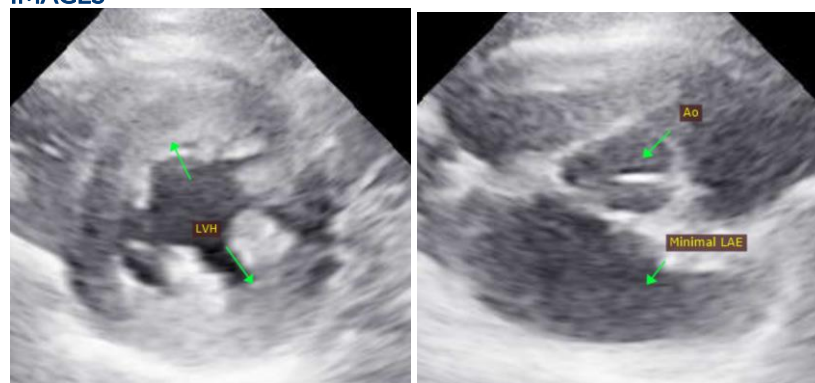
9.8 years

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if any issues arise in the interim.

WEIGHT

16

IMAGES



INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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.

IMAGING PERFORMED BY

Sang K Han, DVM

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

Oso Pet Care Center

REFERRING VET

Dr. Han

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

INVOICE

23611

DATE

4/12/22



PATIENT

Rufus Bolden

SPECIES

Feline

BREED

Ragdoll

SEX

Male Neutered

AGE

9.8 years

WEIGHT

16

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Sang K Han, DVM

HOSPITAL NAME

Oso Pet Care Center

REFERRING VET

Dr. Han

INVOICE

23611

DATE

4/12/22