



PATIENT

Zuko Caponi

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

~2 years

WEIGHT

10.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Tranquility Veterinary
Clinic

REFERRING VET

Dr. Antonelli

INVOICE

23592

DATE

4/12/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 2/6 heart murmur. No clinical signs. No current medications.
-Pertinent previous echo findings (11/2021 MD): LVOTO, mild basilar septal hypertrophy. IVSd: 0.55, LVWd: 0.55, LA: 1.3.
-Sedation: Torb 0.1ml IV.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with mild generalized hypertrophy and a moderate focal septal bulge. There is a mildly hyperechoic endocardium consistent with fibrosis. Mild papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. The anterior leaflet of the MV is mildly thickened and elongated. There is systolic anterior motion (SAM) of the mitral valve present, with an elevated LVOT velocity. Fixed profile noted on Spectral doppler. There is trace mitral regurgitation present secondary to SAM. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated.

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 | 4.7 | 215 | 0.71 | 1.45 | 0.63 | 40 | 74 |
| 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 (m/s) | RVOT VEL (m/s) | E max (m/s) |
| NORMAL | <1.5 | <1.3 | <1.2 | | <1.6 | <1.3 | <0.9 |
| PATIENT | 1.2 | 1.3 | 1.2 | | 4.6 | 1.2 | NM |
| <p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p> | | | | | | | |

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presumptive diagnosis and cause of the murmur is mitral valve dysplasia leading to LV hypertrophy and an obstructive LVOT flow pattern. Given the history of a focal basilar septal thickening and a fixed obstructive pattern, a primary hypertrophic component is also suspected. There is no left atrial dilatation indicating the risk of spontaneous CHF and/or a thrombotic event is currently low. No additional issues are identified. Compared to the prior study, there is progression in LV hypertrophy, which is concerning going forward.

In cases of solely primary MV dysplasia use of atenolol can lead to improvement in the degree of obstruction and hypertrophy. Given today's findings it is reasonable to initiate at this time as below. Monitor at home for any respiratory signs or evidence of blood clot events (neurologic change, paralysis, etc.).



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Long term prognosis is guarded given the highly variable nature of asymptomatic feline heart disease. Many cats will remain asymptomatic until mid-life or beyond, while others develop CHF within the first years. Close monitoring for response/improvement with atenolol, progression of LA dilation/LVH in the future will help determine long term prognosis.

SPECIES

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Anesthetic risk is considered mildly elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor.

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PLAN

Screening BP. 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.

AGE

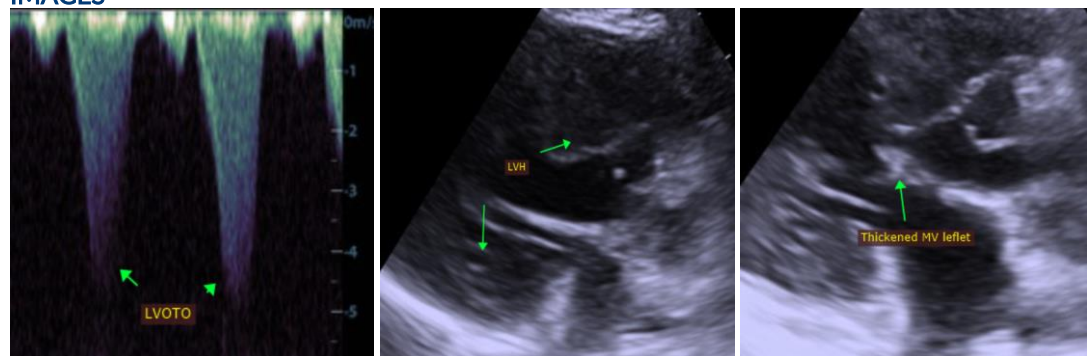
~2 years

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

WEIGHT

10.4lbs

IMAGES



INTERPRETED BY

Maggie Machen Lamy,
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(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

Shari Reffi, CVT

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

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Dr. Antonelli

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