

PATIENT

Liam Lee

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

14 years

WEIGHT

10.6lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Hills Animal
 Hospital

REFERRING VET

Dr. Remcho

INVOICE

30219

DATE

4/12/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 4/6 heart murmur. ProBNP: 206.
 -Current medications: Atenolol 6.25mg PO q24h. (missed 4/11/23 PM dose).
 -Pertinent previous echo findings (3/2022 MML): Mild asymmetric LVH with extensive remodeling.
 Trace MR, mild TR. LA: 1.35, LVWd: 0.65.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 172bpm (range 166-188bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.
 ECG diagnosis: Normal sinus rhythm.

ECHOCARDIOGRAM FINDINGS

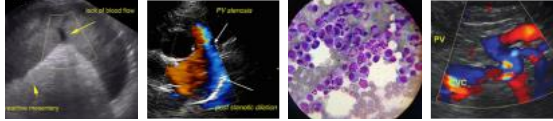
2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied with mild remodeling of the endocardium. There is a diffusely hyperechoic endocardium consistent with fibrosis. False tendon. The papillary muscles appear asymmetric with significant hypertrophy. The left atrium is normal. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal. Normal LVOT velocity on doppler; however, an obstruction is seen on 2D imaging. Mild secondary eccentric MR. Blood flow through the RVOT is normal. Mild tricuspid regurgitation present. No pulmonic and mild aortic insufficiency. No pericardial or pleural effusion is visualized.

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 | 0.35-0.55 | <2 (mean 1.5) | 3.5-0.55 | 35-67 | 80-100 |
| PATIENT | 4.8 | 140 | 0.61 | 1.4 | 0.62 | 67 | 95 |
| 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 | 1.2 | 1.2 | 1.1 | | 1.4 | 0.9 | 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

Compared to the prior study, findings are similar. The LV wall thickness is slightly increased, as the septum was previously normal. That being said, the LA is normal/unchanged and suggests low risk for complication. The LVOTO remains relatively well controlled, and trace MR, TR and AI are unchanged. Lifelong blood pressure monitoring is advised. The ECG is unremarkable with a normal sinus rhythm.



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Given these findings, continue Atenolol as previously recommended.

Continue to monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.). 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).

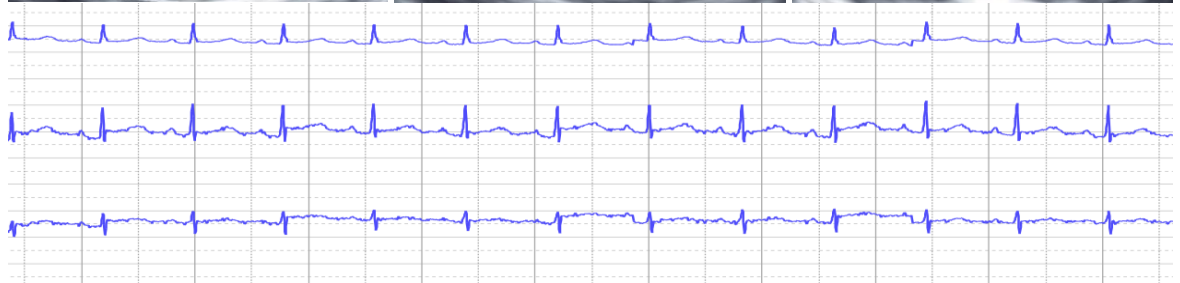
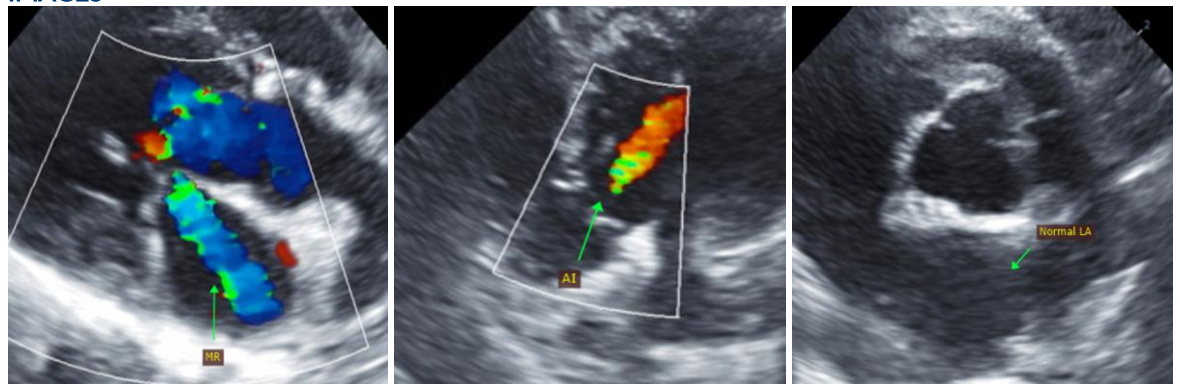
Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

PLAN

Screening blood pressure recommended every 6 months. Continue Atenolol as prescribed.

Recommend recheck echocardiogram every 6-12 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.

Maggie Machen Lamy, DVM
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