



PATIENT

Cleo Gray

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

5 years

WEIGHT

12.3lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

A. Westcott, DVM

HOSPITAL NAME

Dr. Alastair Westcott

REFERRING VET

Dr. Westcott

INVOICE

30270

DATE

4/17/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. BP: 135mmHg.
-Current medications: Atenolol 6.25mg or one quarter of a 25mg tablet every 24 hours.
-Pertinent previous echo findings (3/2022 MML): Asymmetric LVH (0.8/0.67cm), borderline LAE, abnormal MV with SAM with LVOTO, moderate MR. LA: 1.3

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with severe septal and mild posterior wall hypertrophy. There is a mildly hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. There is mild to moderate left atrial enlargement present. No right atrial enlargement present. A dynamic RVOT obstruction is noted. 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. There is moderate eccentric 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) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	5.6	NM	0.80	1.26	0.67	53	87
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	1.7	1.5		3.0	1.3	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

Mitral valve dysplasia persists with evidence of progression. While the LV dimensions are similar, the LA is progressively dilated suggesting risk for complication. The LVOTO is poorly controlled and the heart rate is outside of the target range. These findings suggest the risk for spontaneous CHF and/or a thrombotic event is increased comparatively. A dynamic RVOT obstruction is identified, which is a benign flow abnormality that will contribute to murmur intensity. No additional issues are identified.

Given these findings, dose titration of Atenolol is certainly recommended with a target stressed heart rate of 140-160bpm. Additionally, use of Plavix is recommended due to progressive LA enlargement.



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Prognosis is guarded long-term; however, there is still hope that controlling the heart rate adequately may lead to some improvement or at least stability in disease. Monitor at home for any respiratory signs or evidence of blood clot events (neurologic change, paralysis, etc.).

SPECIES

Feline

Anesthetic risk is considered moderately 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.

BREED

DSH

PLAN

Up-titrate Atenolol until a target stressed heart rate of 140-160bpm is achieved. Consider institution of Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).

SEX

Female

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

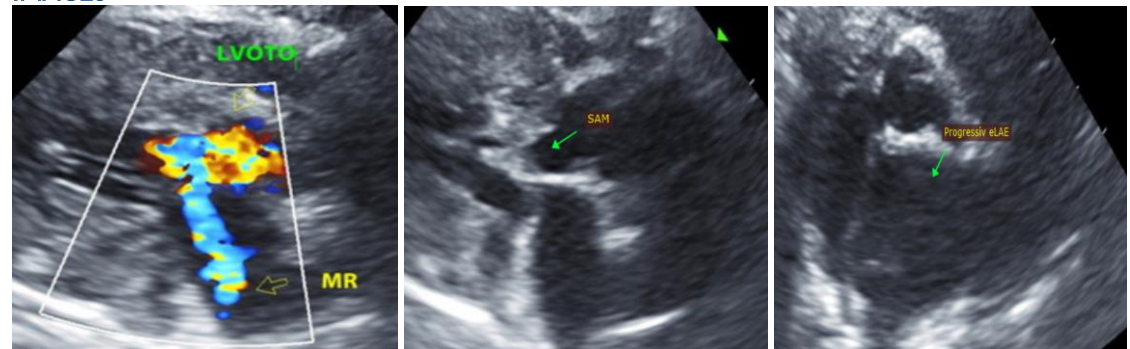
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

A. Westcott, 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

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