IMAGING PERFORMED BY

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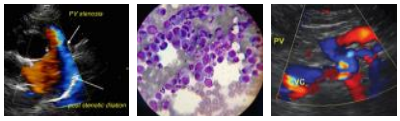

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Clinical Sonography & Telecytology
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PATIENT
Pickles Ortega

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
7.12.14

WEIGHT
10.6

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME
Cat Hospital at Towson

REFERRING VET
Dr. Martin

INVOICE
30273

DATE
4.17.23

PRESENTING CLINICAL SIGNS

History: Recheck echo.
-Pertinent abnormal PE/Chem/CBC/UA Results: NSF. BNP: 647 (previously 1500).
-Current medications: No meds- o stopped giving Clopidogrel chews.
-Sedation used: Torbugesic prior to sonographer arrival.
-Pertinent previous ultrasound results (6/2022 MML/IP):Asymmetric LVH (0.76/0.45), sigmoid septum, depressed function: 25%, moderate LAE: 1.6, DRVOTO, LVOTO: 4.5m/s.
-STAT: Not requested
Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. **T**he left ventricular wall is asymmetric with significant septal thickening and a normal/irregular free wall. Sigmoid septum. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy. The LV function is mildly depressed. Minimal LA dilation with no evidence of smoke. The right ventricle is subjectively normal in size and morphology. No right atrial enlargement present. Elevated RVOT velocity with a dynamic profile. There is severe systolic anterior motion (SAM) of the mitral valve seen on multimodal imaging. There is mild 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)	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	4.8	NM	0.73	1.6	0.56	30	58
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	1.35		4.9	1.7	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

Unusual case. Compared to the prior study, findings are similar with an improved left atrial dimension. This is difficult to explain in the absence of prior fluid or steroid therapy; however, is certainly a good sign. The LV wall thickness is similar to previous with an uncontrolled LVOTO. No additional issues are identified.

Given these findings, it is difficult to know if medications are still warranted in this case. None are being administered and the patient is doing well at home with stable disease, suggesting this may not be necessary. If anything, Atenolol would be reasonable given the significance of the obstruction if the owner is willing to medicate. Prognosis is guarded going forward.

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

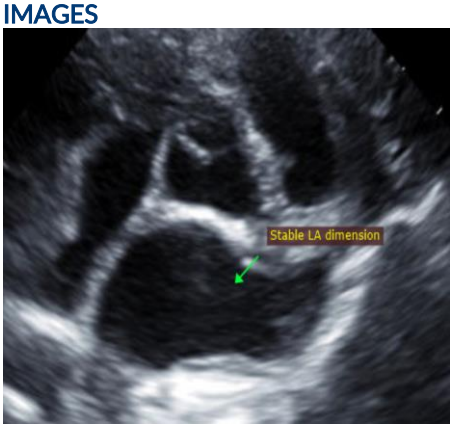
Anesthesia is not advised due to high risk for fluid overload, spontaneous CHF, hypotension, etc. If elected, medications should be initiated for at least 2-3 days prior. Referral to a specialty hospital with an Anesthesiologist may be beneficial. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor.

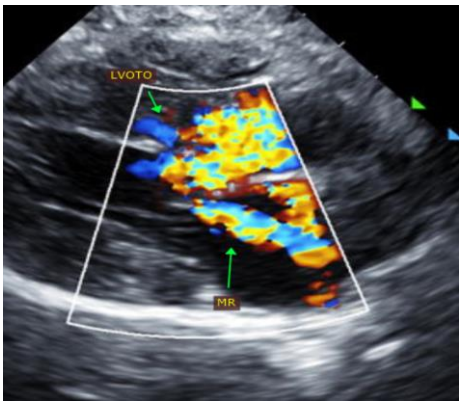
PLAN

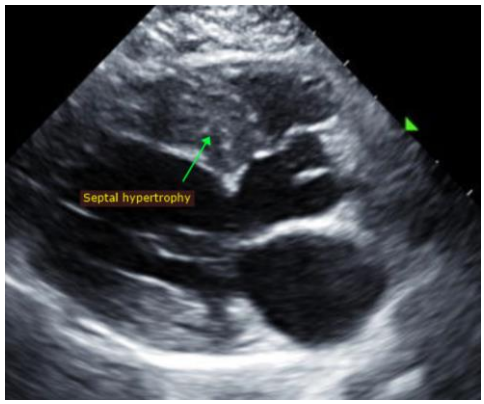
Baseline BP and T4 ever 6 months is recommended. If able, administer titrating dose of atenolol: 25mg tablets; Give ¼ tab once daily at night. Recheck heart rate in 1-2 weeks with target stressed rate of 140-160bpm 12-24 hours post-administration. Increase as needed until target reached.

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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