



PATIENT

Titus Zurko

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

6 years

WEIGHT

10.62lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Littleton Animal
Hospital

REFERRING VET

Dr. Cox

INVOICE

23816

DATE

4/21/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HCM with marked LAE and spontaneous contrast. Currently, Titus is doing well at home with no clinical issues. BPL 130, 133, 135mmHg.
-Pertinent previous echo findings (9/23/21 MML): LA 2.38 cm; LA:Ao 2.5; IVS 0.72 cm; PW 0.72 cm; severe LAE with spontaneous contrast; moderate-severe LVH with regional variability.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV internal diameter is normal with decreased myocardial function. The LV wall thicknesses asymmetric with regions of irregularity with moderate to severe hypertrophy overall. The LV myocardium appears remodeled. The papillary muscles are remodeled and hyperechoic.

Left atrium: The left atrium and auricle are markedly dilated with significant spontaneous contrast. No obvious thrombi are seen.

Mitral valve: The mitral valve is normal in structure and mobility. No systolic anterior motion is seen. Mild central mitral regurgitation secondary to annular stretch.

Aortic valve/Aorta: Aortic valve is normal. Normal outflow velocity, laminar flow. No AI.

Right ventricle: Right ventricular is mildly affected as well with mild RV hypertrophy.

Right atrium: Moderate right atrial enlargement.

Tricuspid valve: Tricuspid valve is mildly thickened with mild TR.

Pulmonic valve/Pulmonary artery: The pulmonic valve appears normal in morphology and mobility. Normal pulmonic outflow velocities with laminar flow. No PI.

Pericardium/other: Scant pericardial effusion. No pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 170bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	2.5
LA:Ao (Swe)	2.6
IVS thickness (cm)	0.75
LVID diastole (cm)	1.6
PW thickness (cm)	0.57
LVID systole (cm)	1.1
FS (%)	32

Doppler Measurements

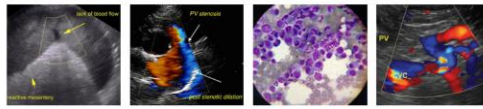
PV Vmax (m/s)	0.62
AoV Vmax (m/s)	0.82
MR Vmax (m/s)	NM
TR Vmax (m/s)	NM
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Hypertrophic cardiomyopathy (HCM) persists with evidence of relative stability. While unchanged the degree of disease is marked with LV dysfunction, end-stage LA enlargement and significant spontaneous contrast.

Even without reported symptoms, this certainly suggests that risk for complication is and will always remain elevated going forward; however, it is encouraging that the clinical report is positive, and no obvious changes are seen here.

No medications are given in the history; however, it is assumed that Lasix, Pimobendan and Plavix were prescribed as recommended. If that is the case, they should certainly be



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continued going forward. No obvious indication for additional medications at this time. Atenolol was discontinued in the previous study and remains the recommendation.

SPECIES
 Feline

The mean survival time for cats with CHF is <8-12 months; however, most cats are able to maintain a good quality of life on medications. Patient will always be at high risk for recurrent episodes of CHF, development of blood clots, malignant arrhythmias and/or sudden death in the future.

BREED
 DSH

RECOMMENDATIONS

- Administer furosemide 1-2mg/kg PO q12h.
- Administer Pimobendan 1.25mg PO q12h (off label use).
- Administer blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges and should be coated in entirety or administered in a gel cap).
- Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home. Avoid anesthesia, steroids and fluid therapy unless absolutely necessary in the future.

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PLAN

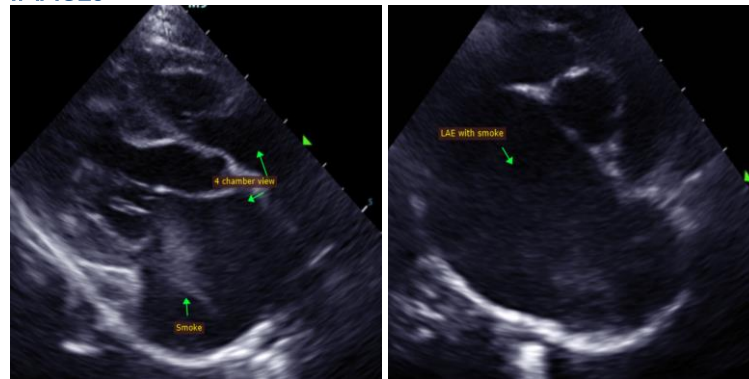
- Monitor renal values and BP every 4-6 months lifelong.
- A recheck echocardiogram is recommended in 6 months to assess for progression.

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IMAGES

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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.

REFERRING VET

Dr. Cox

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.

INVOICE

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

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