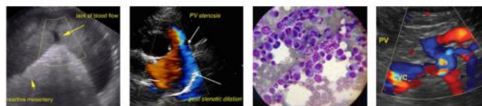

PATIENT
Buddy Clancy

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
6 years

WEIGHT
13lbs

INTERPRETED BY
Maggie Machen Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Wood River Animal Hospital

REFERRING VET
Dr. Boy

INVOICE
23834

DATE
4/22/22

PRESENTING CLINICAL SIGNS

History: Presented for annual wellness exam. Lab work showed renal disease and BPs were noted to be elevated (180mmHg). Started on amlodipine 2.5 mg, 1/4 every day and later increased to 1/2 tablet. BP decreased to 155mmHg. A new grade III/VI was noted. Cat doing well clinically.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are largely normal with a focal free wall thickening. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly remodeled and hyperechoic.
Left atrium: The left atrium is normal. No obvious spontaneous contrast or thrombi seen.
Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No MR.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; however, an intermittent LVOTO is suspected on color flow imaging. No aortic insufficiency.
Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.
Right atrium: The right atrium is normal in dimension.
Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 188bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.3
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.5
LVID diastole (cm)	1.6
PW thickness (cm)	0.6
LVID systole (cm)	0.5
FS (%)	67

Doppler Measurements

PV Vmax (m/s)	0.95
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

HCM is a rule out diagnosis, once hypertension and hyperthyroid disease is ruled out. In this cat with recently controlled systemic hypertension, mild free wall thickening may simply be secondary. Follow up is advised to determine progression or regression with controlled systemic pressures. The murmur appears to be due to an intermittent LVOT obstruction that is largely benign at this time. Follow up is advised to monitor both abnormalities. The LA is normal, indicating low risk for complication.

Prognosis is guarded, due to the highly variable rates of progression with subclinical feline cardiomyopathy.

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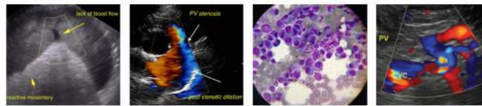
4paus.com 781-635-5677



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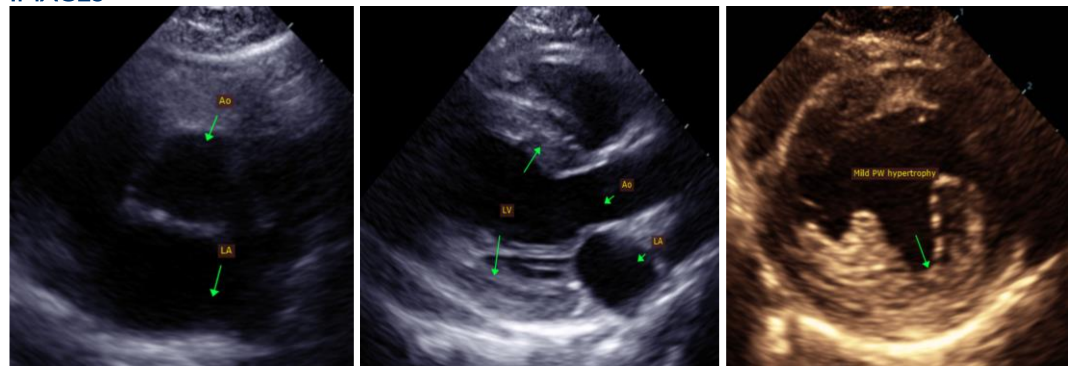
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Monitor BP and T4 every 6 months.
- Continue Amlodipine, screen for PLN, etc. and monitor BP every 6 months.
- 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. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- Recommend recheck echocardiogram in 6 -12 months to screen for progression, sooner if any clinical signs arise in the interim.

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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info@sonopath.com