



PATIENT PRESENTING CLINICAL SIGNS

Cypress Schuster
History: Grade 2/6 systolic, sternal murmur. Mild increase Pro-BNP. hyperthyroid. Assess prior to anesthesia.
-Current medications: Methimazole

SPECIES ECHOCARDIOGRAM FINDINGS

Feline
2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle remodeling. The right ventricle is subjectively normal in size and morphology. There no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Mild systolic anterior motion (SAM) of the mitral valve present. The LVOT velocity is normal; however, an obstruction is suspected on 2D and color flow imaging. There is mild eccentric mitral regurgitation present secondary to SAM. Trace TR. Normal velocity. No other significant valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

BREED

DSH

SEX

Female Spayed

CARDIAC CHART

AGE

11 years

WEIGHT

14.8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BP M)	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- 10 0
PATIENT	6.7	190	0.67	1.2	0.68	47	81
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) (Abbott)	LA 2D short axis Base view (cm) (Abbott)	LVOT VEL (m/s)	RV OT VEL (m/s)	E max (m /s)	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	NM	1.3	1.3	1.4	1.2	N	
<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

The diagnosis is hypertrophic obstructive cardiomyopathy (HOCM). This indicates LV thickening (mild in this case) with a dynamic LVOT obstruction (SAM) and secondary mitral regurgitation as the cause of the heart murmur. The hypertrophy and obstruction are both mild. There is no left atrial enlargement present, indicating the risk of spontaneous CHF and/or a thrombotic event is currently low. No additional issues are identified.

HOSPITAL NAME

Lehigh Valley AH

REFERRING VET

Dr. Tan

INVOICE

30414

DATE

4/24/23



PATIENT

Cypress Schuster

While no medications have been shown to definitively alter long term outcome at this stage of disease, atenolol is often initiated to decrease the outflow obstruction. If the patient is easily medicated, it is reasonable to initiate at this time as below. If there is difficulty medicating at home, an alternative approach would be closely monitoring for progression in the next 6-12 months. Discussion with the owner is advised. No additional medications are indicated prior to significant atrial dilation.

SPECIES

Feline

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 (ketamine, glycopyrrolate, atropine).

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PLAN

SEX

Female Spayed

If elected, administer titrating dose of atenolol: 25mg tablets; Give ¼ tab once daily. 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. Screening blood pressure and T4 are recommended every 6 months.

AGE

11 years

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

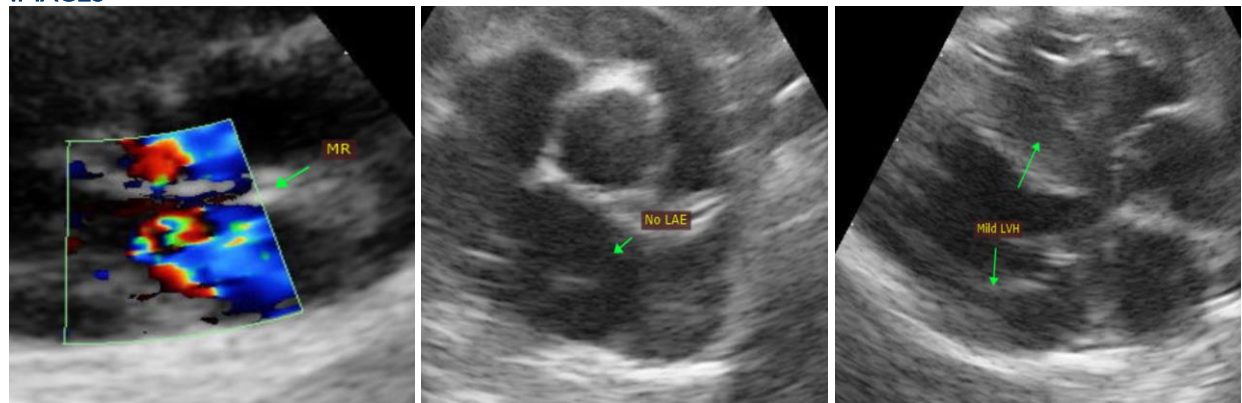
IMAGES

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ARDMS/RVT

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.

HOSPITAL NAME

Lehigh Valley AH

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

REFERRING VET

Dr. Tan

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

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