



PATIENT
Charli Daniel-Banks

PRESENTING CLINICAL SIGNS

History: Newly diagnosed grade I-II/VI heart murmur; asymptomatic. Pre-anesthesia screening for dental prophyl. BP: 205, 207mmHg. *Sedated with gabapentin.

SPECIES
Feline

ECHOCARDIOGRAM FINDINGS

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

BREED
DSH

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are mild to moderately increased. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles appear hyperechoic. The endocardium appears mildly remodeled.

SEX
Male Neutered

Left atrium: The left atrium is minimally dilated. No obvious spontaneous contrast or thrombi seen.

AGE
5 years

Mitral valve: The mitral valve is normal in structure and mobility. Systolic anterior motion is seen with mild eccentric MR.

WEIGHT
15lbs

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. 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. Mildly elevated RVOT velocity; laminar flow.

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 150bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	1.4
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.71
LVID diastole (cm)	1.65
PW thickness (cm)	0.73
LVID systole (cm)	0.77
FS (%)	53

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	NM
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Pine Banks Animal
Hospital

INTERPRETATION OF THE FINDINGS

The diagnosis is hypertrophic obstructive cardiomyopathy. This indicates LV hypertrophy (mild to moderate in this case) with a dynamic LVOT obstruction (SAM) and secondary MR. There is minimal left atrial dilation, indicating the risk of spontaneous CHF and/or a thrombotic event is low. Going forward a screening BP and T4 are recommended every 6 months, as both can exacerbate disease. No additional issues are identified.

REFERRING VET

Dr. Syed

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. Given the degree of obstruction and mild LV hypertrophy, recommend 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 months. Discussion with the owner is advised.

INVOICE
23841

DATE
4/25/22



PATIENT
 Charli Daniel-Banks

The reported blood pressure is elevated and should be reassessed for persistence, particularly given LV on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

SPECIES
 Feline

BREED
 DSH

RECOMMENDATIONS

- If able, administer titrating dose of atenolol if able: 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.
- Reassess BP as discussed.
- Monitor BP/T4 q6mo.
- 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 (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.
- Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. Monitoring of RR/RE is advised particularly in the initiation phase.
- Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

SEX
 Male Neutered

AGE
 5 years

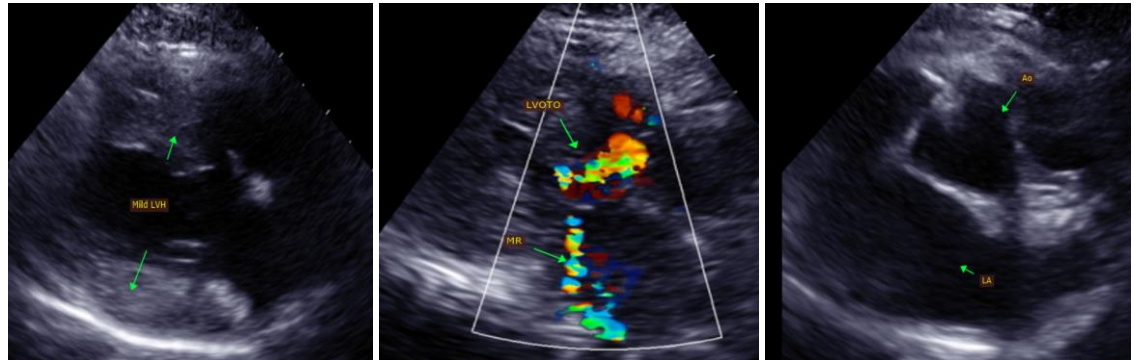
WEIGHT
 15lbs

INTERPRETED BY
 Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

PLAN

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

IMAGES



IMAGING PERFORMED BY
 Pamela Harrigan,
 RDCS

HOSPITAL NAME
 Pine Banks Animal
 Hospital

REFERRING VET
 Dr. Syed

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.

INVOICE
 23841

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.

DATE
 4/25/22



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

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

5 years

WEIGHT

15lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**

Pamela Harrigan,
RDCS

HOSPITAL NAME

Pine Banks Animal
Hospital

REFERRING VET

Dr. Syed

INVOICE

23841

DATE

4/25/22