



PATIENT

Chickapee Walker

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

3.3.12

WEIGHT

15.3lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Prime Care Animal
Hospital

REFERRING VET

Dr. Martin

INVOICE

23852

DATE

4.25.22

PRESENTING CLINICAL SIGNS

History: Recheck echo.

-Pertinent abnormal lab results: Glucose: 551, ALP: 76, elevated fructosamine,

-Current medications: Atenolol 25mg ½ SID since 2017.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (7/2018 MML): Marked asymmetric LVH, mild LAE. LVOTO: 2.5m/s. LA: 1.3, IVSd: 0.64, LVWd: 0.68.

-STAT: Not requested.

-Imaging performed by: Stephanie Pearce RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly asymmetrically hypertrophied with regions of irregular. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present, however the large septal bulge is creating an elevated LVOT velocity (unchanged). There is no mitral regurgitation. 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	6.9	NM	0.64	1.4	0.63	54	88
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	1.3	1.2	1.5	0.7	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

Compared to the prior study, there is evidence of stability with slight improvement. The LV wall thickness is similar to slightly improved with a persistent septal bulge. The LA is normal indicating low risk for complication. No additional issues are identified.

Given these findings, continue Atenolol lifelong. Periodic BP screening is recommended as a possible contributing issue. Patient will always be at risk for progression to CHF, development of blood clots, and/or arrhythmias in the future. Close monitoring is advised.

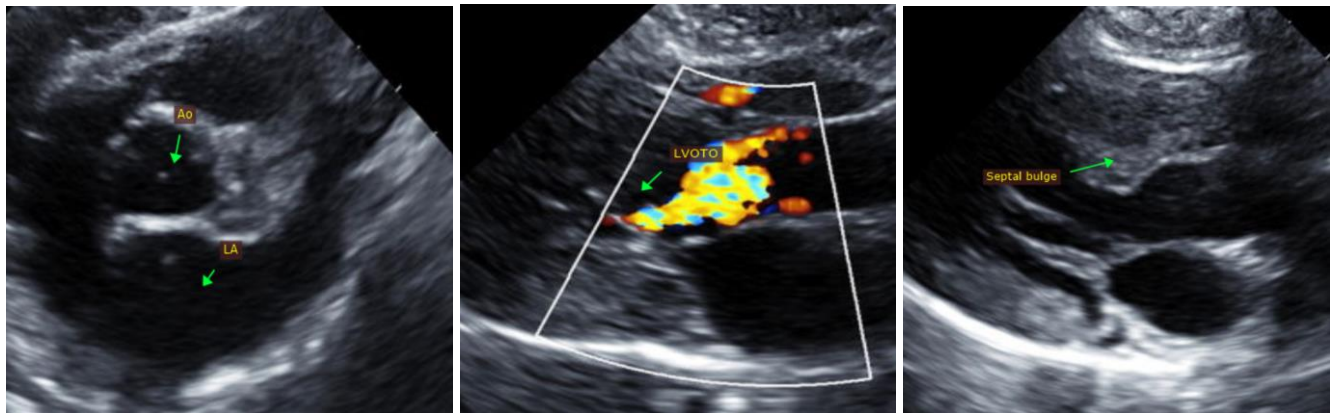
Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

PLAN

Continue Atenolol as prescribed. Monitor BP/T4 every 6-12 months.

A recheck echocardiogram is recommended annually, sooner if any clinical signs 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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