



PATIENT

Knickers Sharpe

SPECIES

Feline

BREED

Siberian

SEX

Male Neutered

AGE

14 years

WEIGHT

16lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mashpee Veterinary
Hospital

REFERRING VET

Dr. Oldham

INVOICE

23872

DATE

4/25/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM with some improvement on prior echo. Doing well at home.

-Pertinent previous echo findings (5/28/2021 MML): LA 1.36 cm; LA:Ao 1.5; IVS 0.48 cm; PW 0.46 cm; LVOT 1.4 m/s; mild LAE; normal LV wall thicknesses with remodeling and fibrosis. On Atenolol 25 mg, 1/4-tab q24h *Sedated with torbugesic

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 thickness is normal. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles appear hyperechoic. False tendon. The endocardium appears mildly remodeled.

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

Mitral valve: The mitral valve is normal in structure and mobility. No significant systolic anterior motion is seen with trace MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. Trace 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; 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 188bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.4
LA:Ao (Swe)	1.45
IVS thickness (cm)	0.54
LVID diastole (cm)	1.44
PW thickness (cm)	0.49
LVID systole (cm)	0.54
FS (%)	62

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	2.5
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Hypertrophic obstructive cardiomyopathy persists with relative stability. The LV wall dimensions remain essentially normal with mild LA enlargement. No obvious changes are seen here. The LVOTO is minimal indicating reasonable control with Atenolol. That being said, the heart rate is mildly elevated, compared to the target range, and a dose adjustment may be warranted if this is a consistent finding. No additional medication are warranted at this time.

RECOMMENDATIONS

- Reassess heart rate and consider a dose adjustment of Atenolol if indicated
- Monitor BP/T4 every 6 months lifelong.



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- Anesthetic risk remains 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.

SPECIES
 Feline

- Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

BREED
 Siberian

PLAN

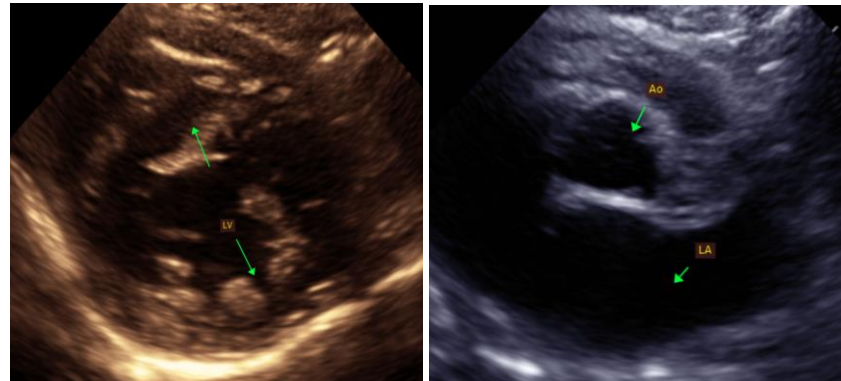
- Recommend recheck echocardiogram in 6-12 months to assess for progression, sooner if clinical issues arise.

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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.

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

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.

HOSPITAL NAME

Mashpee Veterinary
 Hospital

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