

PATIENT

Dexter Wargo

SPECIES

Feline

BREED

Devon Rex

SEX

Male Neutered

AGE

5.14.14

WEIGHT

7.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Essex Middle River
Veterinary Center

REFERRING VET

Dr. Beizavi

INVOICE

30001

DATE

4.3.23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Elevated ProBNP: >1500. Pet is clinically doing well.

-Pertinent abnormal PE/Chem/CBC/UA Results: ProBNP: >1500; rest of bloodwork unremarkable.

-Current medications: Atenolol 25mg ¼ BID.

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

-Pertinent previous ultrasound results (11/2018 MML): Papillary muscle hypertrophy. LVH: 0.65/0.78cm. Mild LAE, mild to moderate SAM, moderate MR. LA: 1.3.

-STAT: Not requested

-Imaging performed by: Andi Parkinson, BS, RDMS.

ECHOCARDIOGRAM FINDINGS

The left ventricular wall is moderately hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Significant papillary muscle hypertrophy. False tendons. The right ventricle is subjectively normal in size and morphology. There is mild left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No SAM is noted with a normal LVOT velocity. No MR. 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) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LWVd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 <small>(mean 1.5)</small>	3.5-0.55	35-67	80-100
PATIENT	3.5	150	0.66	1.3	0.71	48	90
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	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	1.4	1.3	0.8	1.2	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, findings are remarkably similar. The LV wall thickness is unchanged without significant progression. The LA remains mildly dilated, suggesting relatively low risk for complication. The LVOTO/MR have resolved, presumably due to Atenolol therapy. No additional issues are identified.

Given these findings, reasonable to continue Atenolol going forward. What is seen here may be enough to cause BNP elevation; however, ruling out systemic hypertension and/or renal disease is recommended.

Prognosis remains guarded long-term.

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

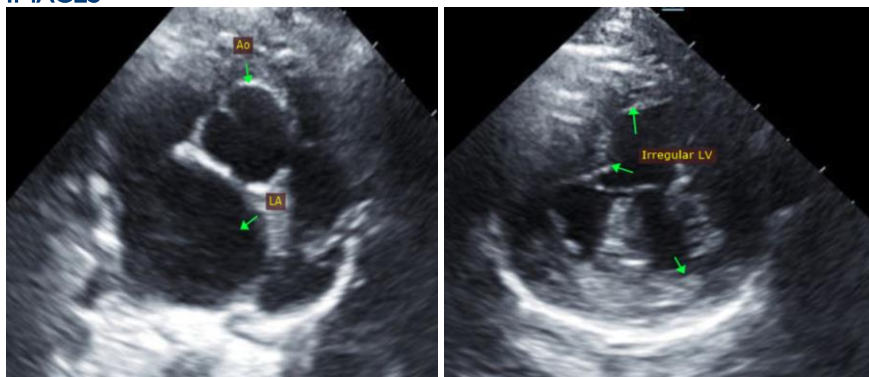
Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and 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 renal values and BP as discussed.

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

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