



PATIENT PRESENTING CLINICAL SIGNS

Binx Guerra

History: Recheck echo. History mild LAE - early unclassified/restrictive cardiomyopathy. No murmur or arrhythmia noted. Doing well clinically. BP: 210, 226, 230mmHg. *Sedated with alfaxalone and butorphanol.

SPECIES

Feline

-Pertinent previous echo findings (10/14/21 MML): LA 1.5 cm; LA:Ao 1.44; IVS 0.47 cm; PW 0.43 cm; LV 1.4 cm.

ECHOCARDIOGRAM FINDINGS

BREED

DSH

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

SEX

Male Neutered

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall dimensions are normal. There is mild fibrosis of the endocardium. The endocardium appears mildly remodeled. False tendon. The papillary muscles appear hyperechoic and normal in dimension.

AGE

11 years

Left atrium: The left atrium is normal. No obvious smoke or thrombi seen.

WEIGHT

12.5lbs

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. Trivial MR.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. 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. 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 150bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.3
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.47
LVID diastole (cm)	1.2
PW thickness (cm)	0.41
LVID systole (cm)	0.7
FS (%)	43

Doppler Measurements

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	0.66
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Falmouth Animal
Hospital

REFERRING VET

Dr. Hauser

INVOICE

23422

DATE

4/4/22

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function. Previously noted mild LAE has improved to normal. The LV remains normal with mild remodeling and no additional issues are identified.

Give these findings, no medications are clearly warranted. The previous report suggests continuing Enalapril and Plavix until serial rechecks. There is no indication for their continued use based upon these findings.

The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress



PATIENT
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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

RECOMMENDATIONS

- Given these findings, no indication for Plavix and Enalapril at this time.
- Reassess BP as discussed above.
- 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.
- Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

BREED
 DSH

SEX
 Male Neutered

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WEIGHT
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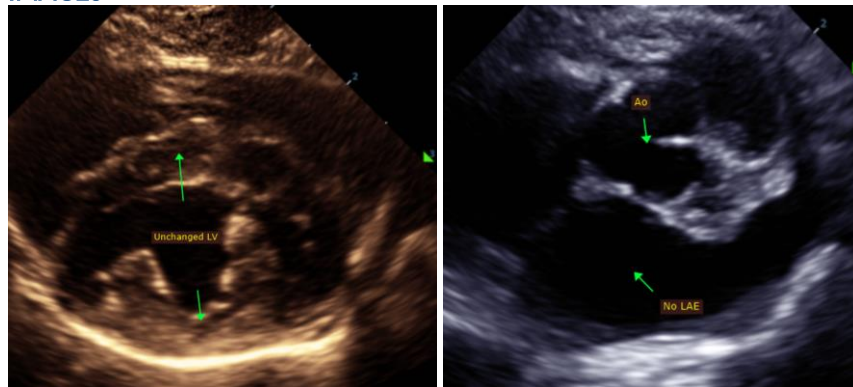
PLAN

- Recommend recheck echocardiogram annually, sooner if clinical signs arise.

IMAGES

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IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

HOSPITAL NAME

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 Hospital

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.

REFERRING VET

Dr. Hauser

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.

INVOICE

23422

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

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