



PATIENT

Crush Martinez

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

12 years

WEIGHT

4.59kgs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Nigel Gumley, DVM

HOSPITAL NAME

Cedarview Animal
Hospital

REFERRING VET

Dr. Limbrick

INVOICE

23454

DATE

4/5/22

PRESENTING CLINICAL SIGNS

History: Previously diagnosed with IBD based on intestinal biopsy for chronic vomiting. Fed hypoallergenic diet. Recently developing chronic non-responsive anemia, mild increase SDMA. Heart murmur noted on exam. Grade 2/6 right sided systolic heart murmur. MM pale pink Abdomen normal, chronic URI. BP = 127/67; 124/68, 120/78, 114/84mmHg.

Abnormal PE/Chem/CBC/UA Results: Hct = 0.24, SDMA = 18; urine sp gr = 1.040; T4 = 21. Normal chemistries and urine otherwise.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension with a basilar septal bulge. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. 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. Mild TR; normal velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors. A normal sinus rhythm was noted during the study (single lead ECG attached).

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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT			0.65	1.3	0.62	40	76
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 <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	NM	1.1	1.0	NM	1.0	NM	
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both have been ruled out in this case making primary disease likely. A focal septal thickening is noted, which should be monitored going forward. Overall however, the degree of disease is mild, with only mild LVH and no LA dilation. This would indicate the risk for clinical issues is low at this time. The only potential cause of a murmur identified is a mild tricuspid leak which appears hemodynamically insignificant. No additional issues are identified.

No medications are indicated prior to significant atrial dilation. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM. Prognosis is guarded long term, given the highly variable rates of progression with subclinical cardiomyopathy.



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Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc).

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Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

BREED

DSH

Plan: A screening blood pressure and T4 are recommended every 6 months lifelong.

SEX

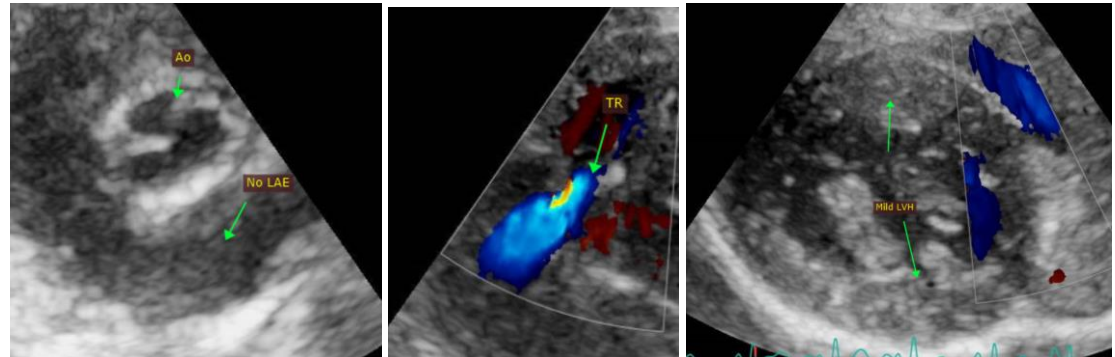
Male Neutered

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if any issues arise in the interim.

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IMAGES



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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

Nigel Gumley, DVM

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

Cedarview Animal
Hospital

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