



PATIENT

Annie Hick

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

13 years

WEIGHT

8.4lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Melissa Weisman,
DVM

HOSPITAL NAME

Minnesota Veterinary
Ultrasound

REFERRING VET

Dr. Weisman

INVOICE

24187

DATE

5/13/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Ongoing weight loss, inappetence. Renal disease. Constipation. Hyperthyroidism. New grade 2-3 murmur found on 9/17/2021. Assess prior to starting Cisapride due to megacolon. BP: 166, 152, 176, 187, 158mmHg.

-Current medications: Mirtazapine 7.5mg 1/2-tab EOD, Amlodipine 2.5mg 1/2-tab SID, Enalapril 2.5mg 1/2-tab BID was just increased to 3/4-tab BID as of 5/3/22, Lactulose up to 3ml BID, Methimazole 5mg BID, added Cisapride 2.5mg BID.

-Abnormal lab results: NSF. TT4: 2.0.

Previous echo results (MW 10 2021): IVSd 0.86cm LVPWd 0.7cm LA 1.0cm

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied. 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. Trace TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. Trace MR. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (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	3.8	NM	0.62	1.2	0.64	60	92
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	1.3	1.2	0.8	1.4	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. In a patient with presumably chronic systemic hypertension, this may be related. That being said, the reported pressures today are reasonable, albeit quite variable. If LV hypertrophy has persisted despite chronic control, this would suggest a primary cardiomyopathy. The patient is also hyperthyroid; however, the TT4 on recent labs is normal. Regardless, the LA is normal, and the degree of disease is mild, with only mild LVH. This is stable to slightly improved from previous echocardiograms, likely due to interobserver variability. No additional issues are identified. No cause for the murmur is seen here, suggesting a physiologic origin.



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Given these findings, no medications are indicated. No obvious contraindication for Cisapride therapy. Use of Amlodipine and Enalapril should be based upon chronic blood pressure readings and the overall trend. No proteinuria is noted on recent lab work.

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Feline

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

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DSH

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.

SEX

Female Spayed

PLAN

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

AGE

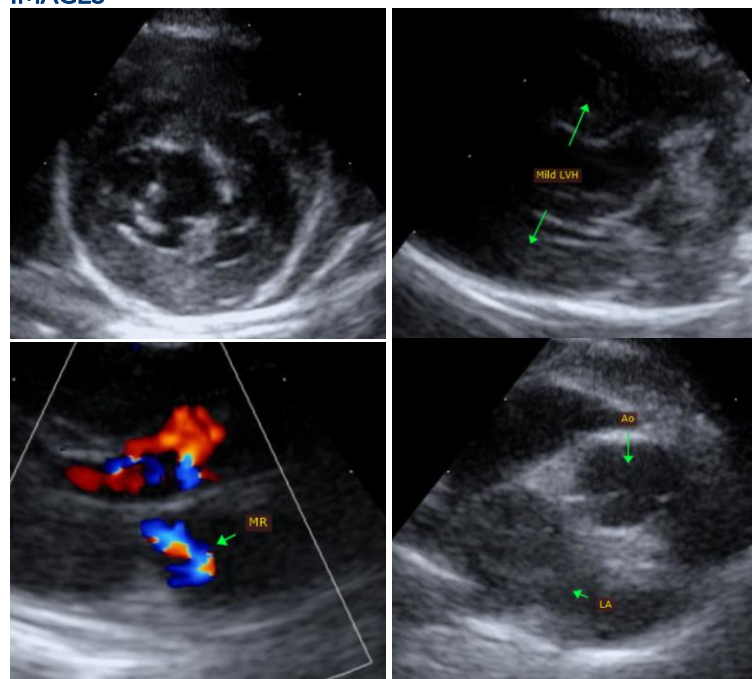
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A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if any issues arise in the interim.

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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.

DATE

5/13/22

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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Maggie Machen Lamy, DVM

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