

PATIENT
Bella Bond

PRESENTING CLINICAL SIGNS
History: Grade 3/6 pansystolic heart murmur.

ECHOCARDIOGRAM FINDINGS
2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is minimally 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 borderline left atrial enlargement present. No right atrial enlargement present. Mildly elevated RVOT velocity. No TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. Trace MR. No aortic insufficiency. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors. Tachycardia throughout.

SEX
Female Spayed

AGE
5 years

WEIGHT
13.5lbs

INTERPRETED BY
Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME
Maple Hills
Veterinary Hospital

REFERRING VET
Dr. Shoop

INVOICE
24205

DATE
5/16/22

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.12	NM	0.60	0.94	0.63	67	95
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) (Abbott)	LA 2D short axis Base view (cm) (Abbott)		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	1.5	1.0	1.0		1.3	2.0	NM

**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
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

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both should be ruled out in this case as contributing factors. The degree of disease is mild, with minimal LVH yet no LA dilation. This would indicate the risk for clinical issues is low at this time. The murmur is benign in origin due to a dynamic RVOT obstruction. No additional issues are identified; however, a significant tachycardia is noted throughout the study and an ECG is strongly recommended.

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.

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

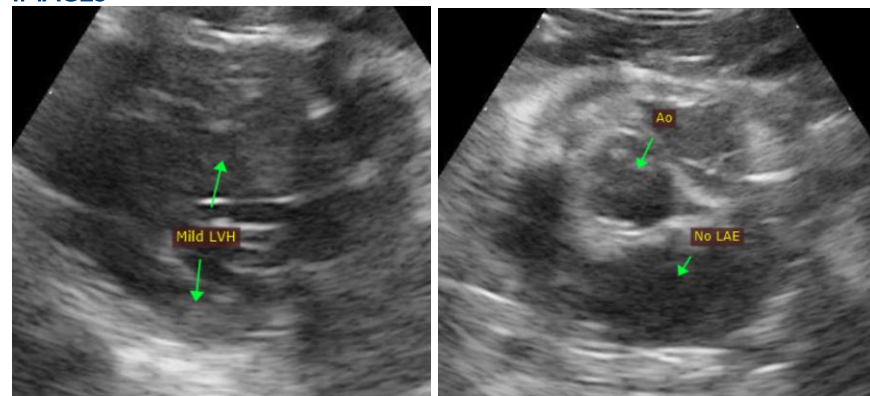


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for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

PLAN
Baseline ECG is recommended. A screening blood pressure and T4 are recommended, then every 6 months lifelong.

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

IMAGES



SEX Female Spayed

AGE 5 years

WEIGHT 13.5lbs

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(Cardiology)

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.

IMAGING PERFORMED BY

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ARDMS/RVT

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