



PATIENT

Brutus Schulle

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

13 years

WEIGHT

10.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Romero

HOSPITAL NAME

Midtown

REFERRING VET

Dr. Wallquist

INVOICE

24232

DATE

5/17/22

PRESENTING CLINICAL SIGNS

History: History of hypertension. Readings >200 systolic. Was started on amlodipine 2 weeks ago, 2.5mg q24h. Clinically asymptomatic. Grade IV/VI systolic murmur has been prevalent for years.
-Blood pressures Between 177 and 206, diastolic from 84 to 137 and mean average was 162.
-Abnormal lab results: He has mild renal azotemia and his T4 is WNL.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy. 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. There is systolic anterior motion (SAM) of the mitral valve present, with an elevated LVOT velocity. There is mild eccentric mitral regurgitation present secondary to SAM. 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) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	4.8	NM	0.72	1.3	0.65	75	98
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	NM	1.3	1.3		>2.0	1.2	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

The diagnosis is hypertrophic obstructive cardiomyopathy. This indicates LV hypertrophy (moderate in this case) with a dynamic LVOT obstruction (SAM) and secondary MR. There is mild left atrial dilation, indicating the risk of spontaneous CHF and/or a thrombotic event, while currently low, may be elevated in the future. Systemic hypertension may be related and contribute to LV thickening; however, this is less likely to lead to an obstructive pattern. Follow up is advised once the blood pressure is controlled to determine baseline LV appearance. A screening BP and T4 are recommended every 6 months, as both can exacerbate disease.

While no medications have been shown to definitively alter long term outcome at this stage of disease, atenolol is often initiated to decrease the outflow obstruction. Given the degree of hypertrophy and mild LA dilation, recommend initiate at this time as below. If there is difficulty medicating at home, an alternative approach would be closely monitoring for progression in the next 6 months.



PATIENT

Brutus Schulle

Further evaluation and treatment of SHT is certainly recommended, with up-titration of amlodipine to start. Consider underlying issues such as PLN, as further therapy may be warranted. Consultation with an IM specialist is recommended if difficult to manage

SPECIES

Feline

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. 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

SEX

Male Neutered

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

AGE

13 years

PLAN

Screening BP/T4. Administer titrating dose of atenolol: 25mg tablets; Give ¼ tab once daily. Recheck heart rate in 1-2 weeks with target stressed rate of 140-160bpm 12-24 hours post-administration. Increase as needed until target reached. Further vasodilation/evaluation for SHT recommended.

WEIGHT

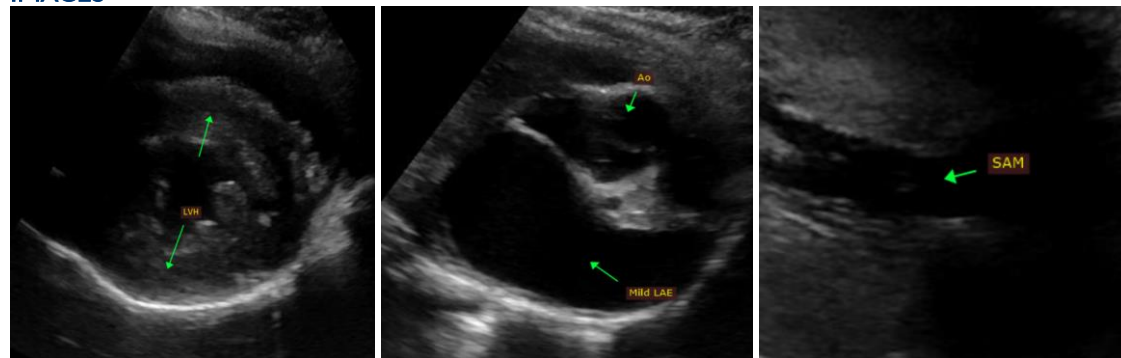
10.5lbs

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

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGES



IMAGING PERFORMED BY

Kelly Romero

HOSPITAL NAME

Midtown

REFERRING VET

Dr. Wallquist

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.

INVOICE

24232

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.

DATE

5/17/22

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