



PATIENT

Beetle D'Olier Lees

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

2 years

WEIGHT

11.7lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Echo Hollow
 Veterinary Hospital &
 Urgent Care

REFERRING VET

Dr. Kenna

INVOICE

24286

DATE

5/18/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 2.5/4 heart murmur.
 -Sedation: Gabapentin 50mg/ml- 0.25ml, 0.16 ml Butorphanol IM, 0.2ml Midazolam 5mg/ml IM.
 -Pertinent previous echo findings (11/2021 MML): Mild LVH: 0.67/0.66, mild LAE: 1.36cm, mild LVOTO, mild MR, trace TR.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 158bpm with a regular rhythm. P waves cannot be identified; however, sinus origin is suspected. The P morphology is positive. The QRS is isoelectric. No ectopic beats, pauses or dysrhythmias observed. ECG diagnosis: Normal sinus rhythm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is severely hypertrophied. The LVOT flow velocity is significantly elevated with a dynamic profile and the MV can be seen impinging on flow. The anterior mitral valve leaflet is elongated and dysplastic; however, no evidence of stenosis. There is normal LV diameter in diastole with adequate myocardial function. Mild papillary muscle hypertrophy. The left atrium is severely dilated with a horizontal component. Subtle smoke. The right atrium is normal in size. The right ventricle appears normal. There is moderate eccentric mitral regurgitation present secondary to abnormal valve motion. Trace TR. Blood flow through the RVOT is normal in velocity. No evidence of cardiac tumors or metastatic lesions on this scan.

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	5.3	175	0.82	1.6	0.82	62	93
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	2.5	2.0	3.4	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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mitral valve dysplasia persists, unfortunately with evidence of significant progression. Previously mild disease has become severe with LA enlargement and LV hypertrophy. This degree of atrial dilation indicates the risk for CHF and/or a thrombotic event is elevated. No additional issues are noted at this time. The ECG is unremarkable with a normal sinus rhythm.

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. In cases of solely primary MV dysplasia this can lead to improvement in the degree of obstruction and hypertrophy. Given these findings, I would certainly initiate Atenolol at this time as below. Additionally, given LA dilation, Plavix (Clopidogrel) should also be considered given a risk for thrombotic events. Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.).

Prognosis is guarded to poor long-term given the age of the patient and degree of atrial dilation. Patient will always be at risk for spontaneous CHF, development of blood clot events and/or sudden death in the future.

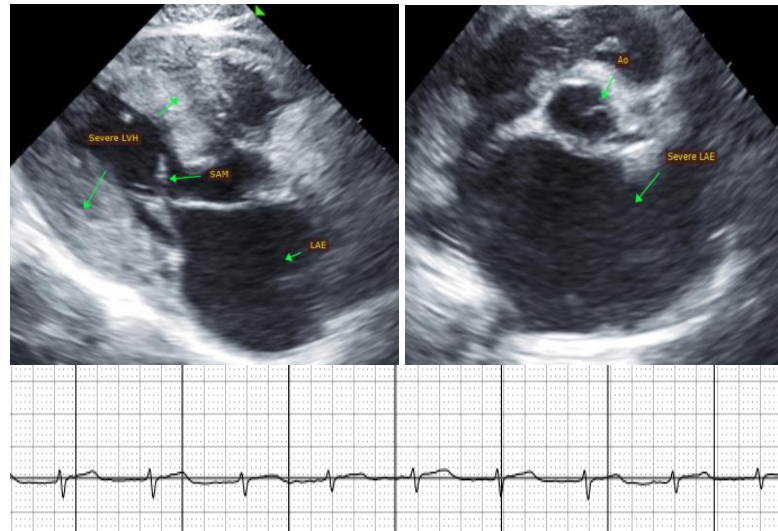
Elective anesthesia is not advised.

PLAN

If possible, administer Clopidogrel (Plavix) 75mg tabs, give ¼ tab PO q24 h (NOTE: This medication is very bitter along the cut edge and may cause oral foaming). 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.

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

IMAGES





PATIENT

Beetle D'Olier Lees

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.

SPECIES

Feline

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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