



## PATIENT

Eddie Fraser

## SPECIES

Feline

## BREED

DLH

## SEX

Male Neutered

## AGE

4.11 years

## WEIGHT

10.4lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Brian Barnes, DVM

## HOSPITAL NAME

Westview Veterinary  
Hospital

## REFERRING VET

Dr. Barnes

## INVOICE

23976

## DATE

5/3/22

## PRESENTING CLINICAL SIGNS

History: Recheck echo. Asymptomatic. Grade 3/6 heart murmur.

-Sedation: Ace 0.5mg, Torb 1mg and a small top up dose of Ketamine 5mg.

-BP: 147mmHg.

-Pertinent previous echo findings (8/2021 KB): Mild LVH, SAM with MR. AV max: 5.9, IVSd: 0.64, LVWd: 0.57, LA: 1.4. Atenolol recommended.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is minimally hypertrophied. There is a mildly hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle remodeling. 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. Mild systolic anterior motion (SAM) of the mitral valve is noted on 2D and color flow imaging; however, aortic outflow velocity is normal. There is trace eccentric mitral regurgitation present secondary to SAM. Trace TR. No other significant 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) <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	4.73	NM	0.60	1.48	0.61	50	85
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  (m/s)	RVOT VEL  (m/s)	E max  (m/s)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	1.4	1.4	1.4		1.5	1.1	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 obstructive cardiomyopathy (HOCM) persists with evidence of stability. Compared to the prior study, the LV wall dimensions are similar and the LA dilation unchanged. The obstruction is less apparent, which may be due to Atenolol therapy (if being utilized) or may simply be a normal variation. No additional issues are identified.

Atenolol is not listed in the history and if not being utilized, this should still be considered. That being said, there is no significant progression seen here and the degree of LVH is minimal, making this of unknown long-term benefit. No additional indication for medications at this time. BP and T4 should be monitored every 6 months.

Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid



**PATIENT**

Eddie Fraser

overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (ketamine, glycopyrrolate, atropine).

**SPECIES**

Feline

**PLAN**

If elected, 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.

**BREED**

DLH

Screening blood pressure and T4 are recommended every 6 months.

**SEX**

Male Neutered

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

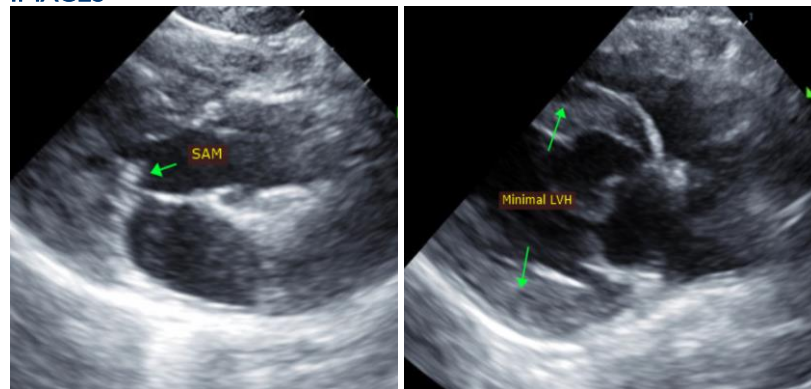
**AGE**

4.11 years

**IMAGES**

**WEIGHT**

10.4lbs



**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(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.

**IMAGING PERFORMED BY**

Brian Barnes, 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**

Westview Veterinary  
Hospital

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
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