



PATIENT
Scooter Montminy

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM with SAM and dynamic LVOTO. Currently doing well at home. Grade IV/VI systolic murmur on exam. BP: 143, 145, 146, 148mmHg. Current medications: Atenolol 6.25mg PO q24h.

SPECIES
Feline

-Pertinent previous echo findings (5/14/20 Maggie Machen Lamy, DVM, DACVIM - Cardiology): LA 1.35 cm; LA;AO 1.35; IVS 0.66 cm; PW 0.55 cm; mild LAE; variable LVH, septal bulge, endocardial fibrosis.

BREED
DSH

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

SEX
Male Neutered

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are variable, with a mild septal bulge. There is a diffusely hyperechoic endocardium consistent with fibrosis. False tendons. The papillary muscles are mildly hypertrophied and hyperechoic with regions of remodeling.

AGE
12 years

Left atrium: The left atrium is mildly dilated. No smoke or thrombi seen.

Mitral valve: The anterior leaflet of the mitral valve is mildly elongated, however normal thickness. Systolic anterior motion is seen on 2D imaging. Mild eccentric MR.

WEIGHT
12.6lbs

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mildly elevated aortic outflow velocity with a dynamic profile. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

Right atrium: The right atrium is normal in dimension.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 150bpm with a single VPC.

2-Dimensional Measurements

Doppler Measurements

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

Ao diam (cm)	1.0
LA diam (cm)	1.5
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.63
LVID diastole (cm)	1.4
PW thickness (cm)	0.63
LVID systole (cm)	0.4
FS (%)	70

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	3.4
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

HOSPITAL NAME
Wignall Animal
Hospital

REFERRING VET
Dr. DeMarco

INTERPRETATION OF THE FINDINGS

Hypertrophic obstructive cardiomyopathy persists with relative stability. The LV appears similar to previous with mild thickening contrasting an irregular appearance. The LA is slightly increased comparatively, which is concerning for progressive changes going forward. Finally, the heart rate is well controlled; however, the LVOTO remains apparent. No additional issues are identified.

INVOICE
24062

Given these findings, continue Atenolol as previously recommended. No obvious indication for additional medications. That being said, any progressive LA dilation may

DATE
5/5/22



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warrant Plavix in the future. Prognosis is guarded long term, given the highly variable rates of progression in subclinical feline cardiomyopathy.

SPECIES
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The brief ECG does show a single VPC. This is likely due to stress and structural disease in this predisposed animal. Follow up is advised should any signs of sustained arrhythmias develop (collapse of lethargy).

BREED
 DSH

RECOMMENDATIONS

- Continue Atenolol as prescribed.
- Screening BP and T4 every 6 months.
- Anesthetic risk is considered mildly elevated, 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).
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

SEX
 Male Neutered

AGE

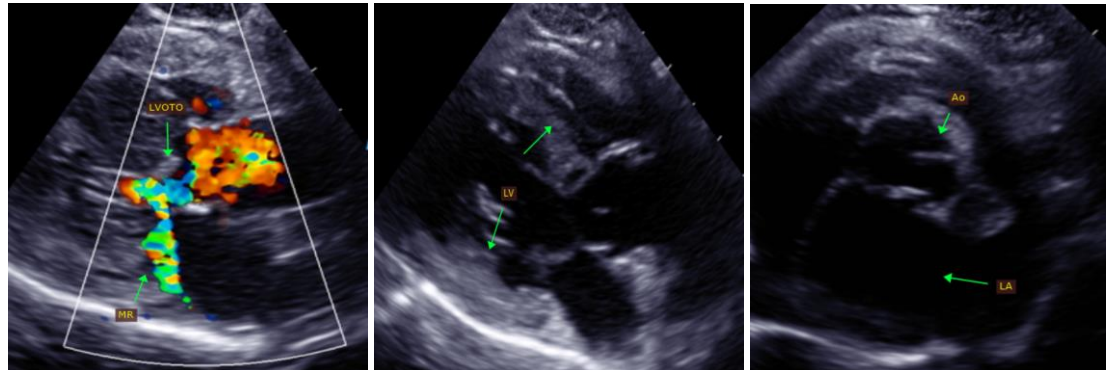
PLAN

- Recommend recheck echocardiogram in 6 months to assess rate of progression, sooner if any issues arise in the interim.

WEIGHT
 12.6lbs

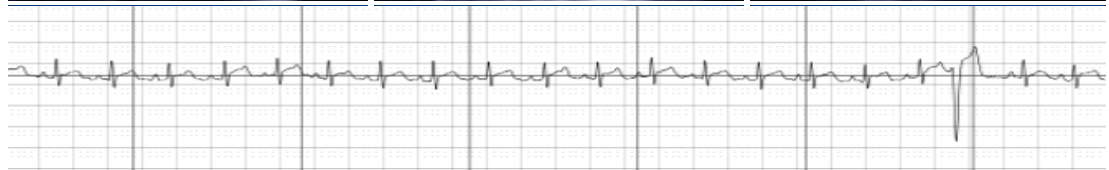
IMAGES

INTERPRETED BY
 Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)



IMAGING PERFORMED BY
 Pamela Harrigan,
 RDCS

HOSPITAL NAME
 Wignall Animal
 Hospital



REFERRING VET
 Dr. DeMarco

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
 24062

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
 5/5/22

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