



PATIENT

Pokey Mahoney

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

3.17.16

WEIGHT

12.11lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Everhart Veterinary
Hospital

REFERRING VET

Dr. Farris

INVOICE

30658

DATE

5.8.22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well.

-Current medications: Atenolol Suspension Sugar-Free (compounded) 12.5mg/mL 10/13/22. RX urinary diet C/D and/or SO 9/1/22.

-Blood pressure: 120mmHg.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (6/2020 MML): Borderline LVH, borderline LAE, LVOTO, mild MV dysplasia, moderate MR. IVSd: 0.62, LVWd: 0.59, LA: 1.3.

-STAT: Not requested

-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild papillary muscle hypertrophy. The right ventricle is normal. There is borderline left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Abnormal anterior motion of the mitral valve is present, with the tip visible in the LVOT during systole (see below). Normal LVOT velocity on spectral. The anterior leaflet of the MV is mildly elongated, consistent with dysplasia. There is mild eccentric mitral regurgitation present. No obvious TR. No other obvious valvular regurgitation is present. No obvious intra or extracardiac shunts seen. 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)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.5	NM	0.60	1.2	0.57	40	76
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	1.4	1.3	1.2	0.7	NM	

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

Compared to the prior study, findings are remarkably similar. The LV wall thickness is unchanged with borderline LA enlargement. The LVOTO remains well controlled, and no additional issues have developed.

Given these findings, continue Atenolol going forward. Lifelong BP monitoring is advised.

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

Anesthetic risk is considered mild. With remodeling and diastolic stiffening, there is an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended. Heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary. Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

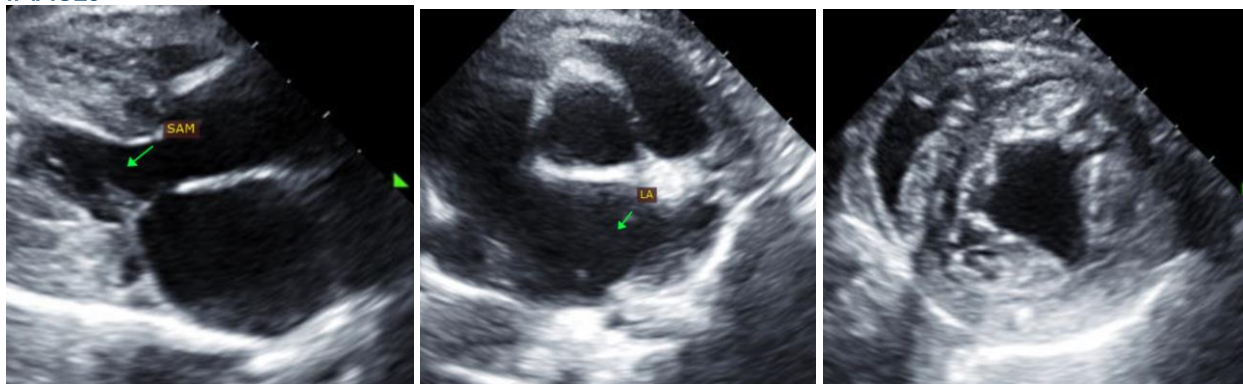
Long term prognosis is guarded given the age of the patient and highly variable nature of asymptomatic feline heart disease. Many cats will remain asymptomatic until mid-life or beyond, while others develop CHF within the first years. Close monitoring for progression to LA dilation in the future will help determine long term prognosis.

PLAN

Continue atenolol lifelong and maintain target HR (140-160bpm). Monitor BP periodically.

Recommend recheck echocardiogram annually, sooner if clinical issues arise.

IMAGES



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.

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