



PATIENT

Leo Lara

PRESENTING CLINICAL SIGNS

History: Grade 4/6 systolic murmur.
-Current medications: Buprenorphine PO and Convenia.

SPECIES

Feline

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25 and 50mm/s; 10mm/mV. The average heart rate is 220bpm with a largely regular rhythm. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.
ECG diagnosis: Normal sinus tachycardia.

BREED

Maine Coon

SEX

Male Neutered

AGE

16 years

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. The RVOT velocity is mildly elevated. No MR or TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

WEIGHT

13lbs

CARDIAC CHART

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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	5.9	NM	0.68	1.2	0.65	50	94
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	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	1.1	1.1	1.2		1.3	2.2	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.

IMAGING PERFORMED BY

Dana Alterman,
RDMS, LVT

HOSPITAL NAME

Eubank Animal Clinic

REFERRING VET

Dr. Hood

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both should be ruled out in this case as contributing factors. The degree of disease is mild, with only mild LVH and no LA dilation. This would indicate the risk for clinical issues is low at this time. The murmur is benign in origin due to a dynamic RVOT obstruction. This will wax and wane based upon hydration/HR. No additional issues are identified. The ECG is unremarkable with a normal sinus tachycardia.

INVOICE

31306

DATE

6/13/23

Given the mild findings on today's exam, no medications are clearly indicated. Atenolol may be recommended in the future should SAM be identified and/or the hypertrophy/LA dimension



PATIENT

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worsen. It is important to note however that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM.

SPECIES

Feline

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

BREED

Maine Coon

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.

SEX

Male Neutered

Plan: A screening blood pressure and T4 are recommended, then every 6 months lifelong.

AGE

16 years

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if any issues arise in the interim.

WEIGHT

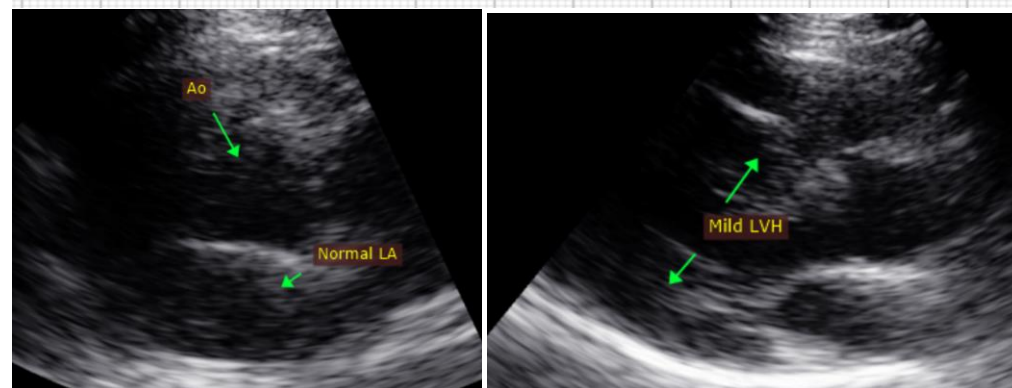
13lbs

IMAGES



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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

31306

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

6/13/23

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