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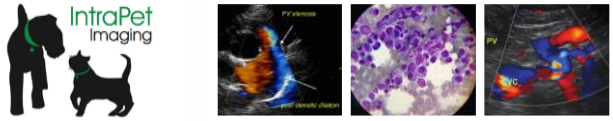

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PATIENT
Petey Willis

SPECIES
Feline

BREED
DLH

SEX
Male Neutered

AGE
4.8.16

WEIGHT
17.9lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME
Everhart Veterinary Hospital Cross Keys

REFERRING VET
Dr. Notarangelo

INVOICE
31342

DATE
6.14.23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Chronic heart disease with mild progression noted in 10/22 (hypertrophic obstructive cardiomyopathy), pet is on atenolol 6.25 mg SID. 2/6 systolic, PMI L apex. Indoor/outdoor, asymptomatic. HR during exam was 140bpm. Normal recent labs.
-Current medications: Onsior 6mg 1/12/23, Convenia injection 1/12/23, Bravecto.
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results (10/2022 MML): Asymmetric mild LVH (IVSd: 0.6), mild LAE (1.6), SAM. AV max: 1.4, mild MR.
-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 asymmetric with mild septal thickening. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy. 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. There is minimal systolic anterior motion (SAM) of the mitral valve present, with a normal LVOT velocity. Trace MR. No other obvious 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) (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	8.1	NM	0.63	1.8	0.51	65	94
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	1.55	1.6		0.91	0.84	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 similar. The LV wall thickness is asymmetric and unchanged with stable mild LA enlargement. The LVOTO appears to have improved with trace MR persisting. No additional issues are identified.

Given these findings, reasonable to continue Atenolol going forward. Prognosis is guarded long-term.

Anesthetic risk is considered mild, 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). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance. Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

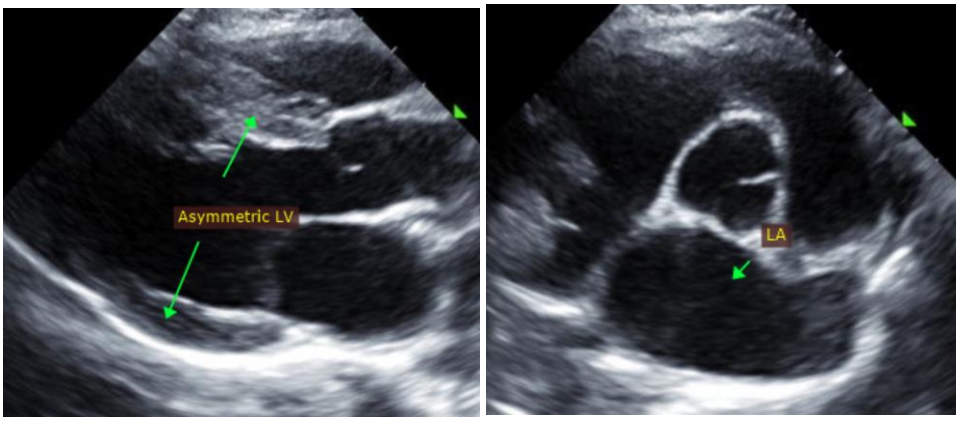
Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

PLAN

Screening BP/T4. Continue Atenolol as prescribed.

Recommend recheck echocardiogram in 6-9 months to assess for progression, 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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