
PATIENT

Krueger Kovacs

PRESENTING CLINICAL SIGNS

History: Grade 3/5 heart murmur.

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied with regions of irregularity. The LV function is adequate. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle remodeling and irregularity. The right ventricle appears normal. There is severe left atrial enlargement present with a horizontal component. No obvious smoke. No obvious thrombi. No right atrial enlargement present. There is systolic anterior motion (SAM) of the mitral valve present creating a mild LVOTO (not captured on doppler). There is mild eccentric mitral regurgitation present secondary to SAM. No AI or PI. A small hyperechoic lesion is noted associated with the LVOT/aortic valve (see below). Small volume pericardial effusion. No pleural effusion noted. No obvious cardiac tumors.

AGE

5 years

WEIGHT

12.5lbs

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.7	175	0.66	1.2	0.67	61	93
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	2.9	2.2	1.7		1.7	1.3	NM

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

**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.

HOSPITAL NAME

Community Veterinary Practice

REFERRING VET

Dr. Carpenter

INVOICE

24833

DATE

6/16/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diagnosis is hypertrophic obstructive cardiomyopathy. This indicates LV thickening with a dynamic LVOT obstruction (SAM). The obstruction appears mild which may suggest primary hypertrophic disease. More importantly there is severe left atrial dilation, indicating the risk of spontaneous CHF and/or a thrombotic event is and will be elevated lifelong. Finally, a small hyperechoic lesion is noted associated with the LVOT/lateral aortic root. This is of unknown significance (rule out atypical fibrosis versus a small thrombus versus other) and follow up is advised. No additional issues are identified.

Small volume pericardial effusion is noted, which given the severity of disease is suspicious for early congestive heart failure. Full life-long cardiac support is recommended as below, even prior to clinical signs. If the patient is or becomes unstable, highly recommend emergency evaluation and supportive care. If able to be stabilized and medicated, the prognosis is poor for cats with CHF long term, however most are able to be managed for an average of 6-12 months on medications if tolerated.



PATIENT

Krueger Kovacs

Atenolol may be indicated in this patient; however, the obstruction appears mild and I would not institute at this time. A screening blood pressure is recommended.

SPECIES

Feline

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

BREED

DSH

Elective anesthesia, fluid therapy and/or steroids are not advised as all pose high risk for complication.

SEX

Male Neutered

PLAN

Institute Lasix 1-2mg/kg PO q12h. Institute Pimobendan 0.625mg PO q12h. Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges. Coat in entirety).

AGE

5 years

Monitor BP and renal panel in 10-14 days. If doing well, eating and BP >130mmHg, institute Benazepril and Atenolol at that time. If BP <130mmHg, do not institute ACEI.

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

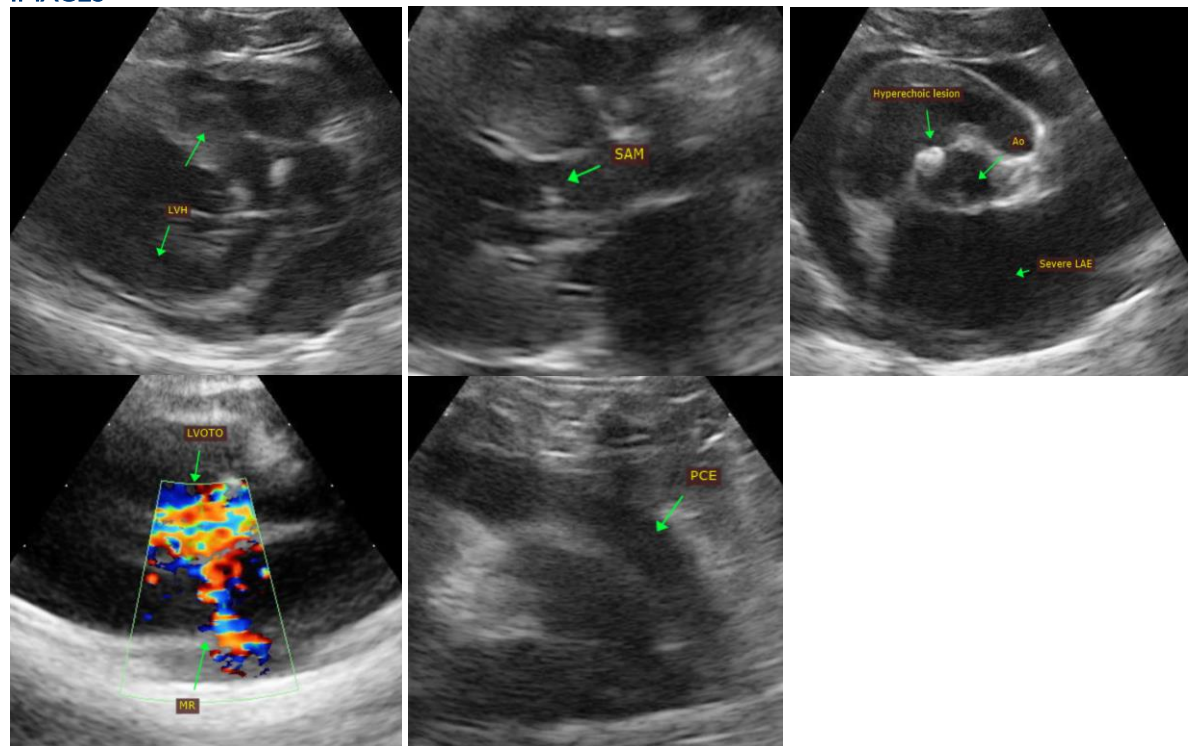
WEIGHT

12.5lbs

IMAGES

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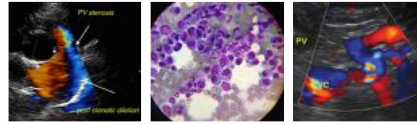
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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.

BREED

DSH

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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