

PATIENT

Snickers Ready

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

14 years

WEIGHT

10.8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Melissa Weisman,
DVM

HOSPITAL NAME

Minnesota Veterinary
Ultrasound

REFERRING VET

Dr. Weisman

INVOICE

31403

DATE

6/16/23

PRESENTING CLINICAL SIGNS

History: Recheck echo – previously diagnosed with HCM. Assess prior to anesthesia. Sedated with 100mg Gabapentin PO, 1.2mg butorphanol IM, 1ml alfaxalone IM.

-Abnormal PE/Chem/CBC/UA Results(4/18/23): CBC: nsf Chem: Alb= 4.0 (2.5-3.9) nsf TG= 254 (25-160) T4: 2.3 (0.8-4.0) U/A: USG= 1.051 Protein= 2+ Bacteria and cocci present.

-Pertinent previous echo findings (10/2022 BP): LVH without LAE. IVSd: 0.57, LVWd: 0.57-0.61. LA/AO: <1.0.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is minimally increased with a borderline septum dimension and minimal PW thickening. 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. Normal RVOT velocity. Trace TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

CARDIAC CHART

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 <small>(mean 1.5)</small>	3.5-0.55	35-67	80-100
PATIENT	4.9	NM	0.55	1.35	0.60	49	84
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE <small>(Swe) (Abbott)</small>	LA 2D short axis Base view <small>(cm) (Abbott)</small>		LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	1.1	1.2	1.2		0.51	0.6	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.*

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Assuming both of these have been considered, primary disease is suspected. That being said, the wall thickness is borderline overall and nonprogressive, which may suggest a normal variant. Follow up is recommended. The LA is normal, suggesting low risk for complication at this time. No additional issues are identified.

No medications are indicated prior to significant atrial dilation. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM.



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

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Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). 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.

BREED

DSH

PLAN

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

SEX

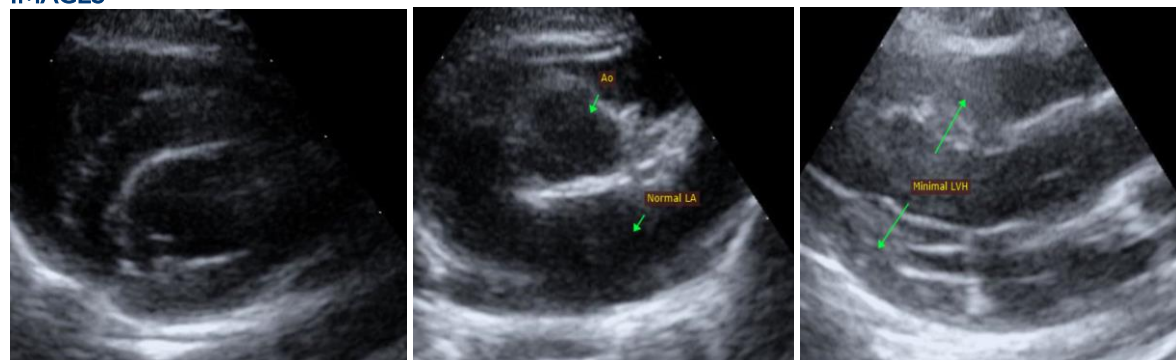
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A recheck echocardiogram is recommended in 6-12 months to assess for progression, sooner if any issues arise in the interim.

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IMAGES



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Maggie Machen Lamy, DVM, DACVIM
(Cardiology)

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.

IMAGING PERFORMED BY

Melissa Weisman, DVM

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.

HOSPITAL NAME

Minnesota Veterinary Ultrasound

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