



PATIENT

Matt Doyle

SPECIES

Feline

BREED

DMH

SEX

Male Neutered

AGE

14 years

WEIGHT

14.63lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

24902

DATE

6/21/22

PRESENTING CLINICAL SIGNS

History: Matt is referred to evaluate a heart murmur. The owner notes some raspy breathing but there is no coughing. Fairly good appetite. Has had some intentional weight loss. On exam: NSR, grade IV/VI parasternal murmur, PSS, lung fields clear, compressible thorax. BP: 130 mmHg x 4. Medications: 1) Plavix/ clopidogrel 75mg 1/4 tab daily 2) Mirtazipine transdermal prn *No sedation for study.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are mild to moderately increased with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied and hyperechoic. The endocardium appears mildly remodeled.

Left atrium: The left atrium is mildly dilated. No smoke or thrombi seen.

Mitral valve: The anterior leaflet of the mitral valve appears largely normal. Systolic anterior motion is seen. Mild to moderate eccentric MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mildly increased aortic outflow velocity with a dynamic profile. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: The right atrium is normal in dimension.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 130bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	1.67
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.7
LVID diastole (cm)	1.38
PW thickness (cm)	0.68
LVID systole (cm)	0.6
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.87
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The diagnosis and cause of the murmur is hypertrophic obstructive cardiomyopathy (HOCM). This indicates some degree of LV thickening (mild to moderate in this case) with a dynamic LVOT obstruction (SAM) and secondary MR. There is mild left atrial dilation, indicating the risk for progression to spontaneous CHF and/or a thrombotic event is currently low. No additional issues are identified. Hyperthyroidism and/or hypertension should be ruled out as contributing factors in this patient.

While no medications have been shown to definitively alter long term outcome at this stage of disease, atenolol is often initiated to decrease the outflow obstruction. **What is unusual is this cat's resting HR is low already (130bpm) with what appears to be a respiratory sinus arrhythmia. This is atypical in cats, and screening for causes of high**



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vagal tone is recommended (respiratory disease, etc). If the resting HR is consistently low atenolol is not recommended. No obvious indication for Plavix therapy prior to significant LA dilation. If there is difficulty medicating at home, an alternative approach would be closely monitoring for progression in the next 6 months; however, given LA enlargement I would recommend initiation at this time. Prognosis is guarded; however, monitoring for progression will help dictate long term outcome.

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RECOMMENDATIONS

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- Monitor HR; if persistently <160bpm no medications are warranted. If elevated in the future, consider administer titrating dose of atenolol: 25mg tablets; Give ¼ tab once daily. Recheck heart rate in 1-2 weeks with target stressed rate of 140-160bpm 12-24 hours post-administration. Increase as needed until target reached.

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- Screening BP/T4 every 6 months.
- Screen for causes of high vagal tone.
- Anesthetic risk is considered mildly elevated, 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).

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- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

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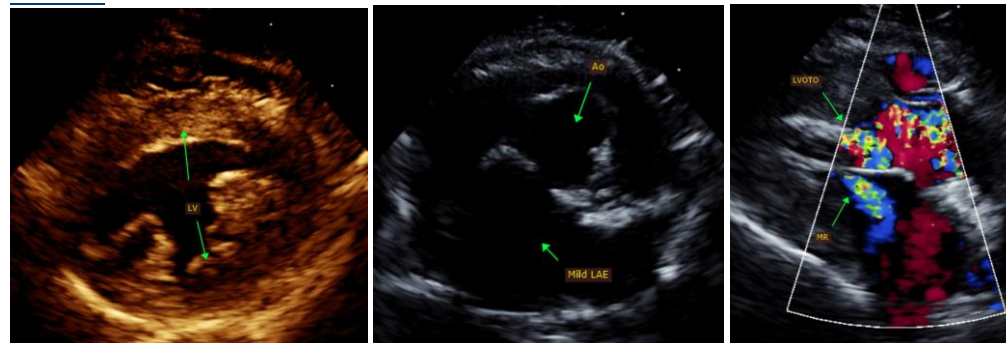
PLAN

- Recommend recheck echocardiogram in 6 months to assess rate of progression, sooner if any issues arise in the interim.

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Maggie Machen Lamy, DVM
DACVIM (Cardiology)

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.

REFERRING VET

Dr. Masloski

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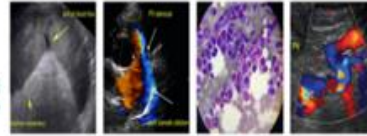
Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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Echocardiogram performed by:

Pamela Harrigan, RDCS



Pet Animal Ultrasound Service (4paus.com)

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