



PATIENT

Grace Iffland

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

4.25.15

WEIGHT

9.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

DocSide Veterinary
Medical Center

REFERRING VET

Dr. Tierney

INVOICE

25003

DATE

6.27.22

PRESENTING CLINICAL SIGNS

History: At time of annual PE- Grade 2/6 systolic murmur, normal sinus rhythm. Point of maximum intensity over apex. Not previously auscultated.

-Blood Pressure: 180mmHg.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results: No previous.

-STAT: Not requested.

-Imaging performed by: Stephanie Pearce RDCS, RVT.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at both 25 and 50mm/s; 5mm/mV. The average heart rate is 214bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS is inverted. MEA is shifted left consistent with a left anterior fascicular block. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus tachycardia. LAFB.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with mild to moderate hypertrophy. 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 mild left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No TR. The aortic root and ascending segment appear mildly dilated. 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>	LWVd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.4	NM	0.68	1.0	0.69	46	81
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	1.0	1.2		1.1	0.8	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

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Given reported systemic hypertension, this may be enough to explain the findings. Follow up is advised. Regardless, the degree of disease is mild, with only mild to moderate LVH and no LA dilation. This would indicate the risk for clinical issues is low at this time. No additional issues are identified. The murmur is likely physiologic in origin.

The ECG is unremarkable with no dysrhythmias observed. A left anterior fascicular block is a benign finding secondary to fibrotic structural changes in this case.

Given elevated blood pressure in addition to these findings, it is reasonable to institute vasodilator therapy with Amlodipine. If there is any question on the origin of hypertension (ie stress versus pathology), reassessment is advised. Additionally, if deemed accurate, screen for underlying predisposed causes of SHT.

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.

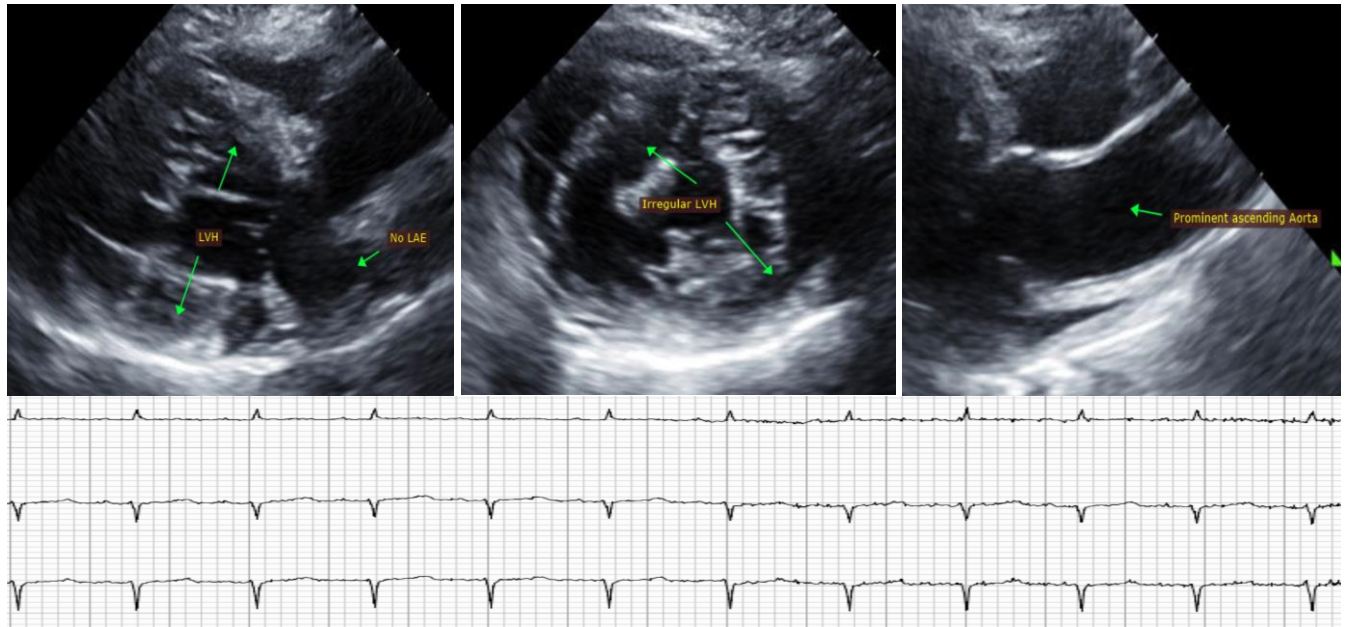
Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate 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.

PLAN

A screening blood pressure and T4 are recommended every 6 months lifelong. If BP is thought to be accurate, institute Amlodipine to affect and screen as discussed.

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

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.

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