



PATIENT

Zachery Hancock

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

9 years

WEIGHT

11.38lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Mckenzie
 Animal Hospital

REFERRING VET

Dr. Arpaia

INVOICE

25038

DATE

6/28/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well. Asthma stabilized with fluticasone inhaler. Grade 3/6 heart murmur. Occasional sneezing.

-Sedation: Torb and alfax.

-Pertinent previous echo findings (8/2020 MML): Severe asymmetric LVH, no LA or RAE, SAM. IVSd: 0.56, LVWd: 1.0.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip.

Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 125bpm with a largely regular rhythm. P for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Sinus bradycardia due to sedation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is severely asymmetrically hypertrophied (PW >>IVS). There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. The right ventricle is subjectively normal in size and morphology. There is mild left atrial enlargement present. No right atrial enlargement present. Decreased RVOT velocity. Abnormal anterior motion of the MV is seen, however the LVOT does not capture elevated velocity (likely due to sedation). Mitral regurgitation is not appreciated. No TR. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. No cardiac tumors.

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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.2	NM	0.6	0.7	1.2	43	80
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	1.5	1.4		0.9	0.5	NM
<p>*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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, there is evidence of mild progression with development of left atrial enlargement. The LV morphology remains highly asymmetric with progressive hypertrophy seen. The LVOTO is not readily visualized; however, there is certainly evidence of SAM on 2D imaging. No additional issues are identified.



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Given these findings, highly recommend Atenolol in this case. If this is poorly tolerated at home due to underlying respiratory disease, Diltiazem can be used as an alternative. No obvious additional medications are warranted at this time.

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The ECG shows a sinus bradycardia; however, the patient was reportedly heavily sedated. A baseline heart rate is recommended when not sedate.

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

SEX

Male Neutered

Anesthetic risk is considered moderately elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor.

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PLAN

Screening BP/T4 every 6 months as able (ideally without sedation). Consider Atenolol as previously recommended if not being administered. If asthma is severe, diltiazem (1/4 of a 30mg tab PO q12h) can be used.

WEIGHT

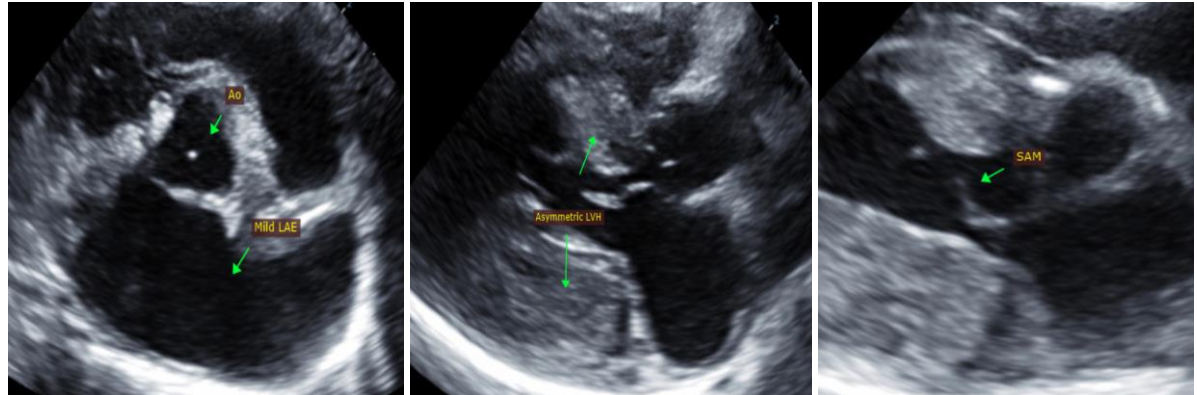
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Recommend recheck echocardiogram in 6-12 months to assess for progression, sooner if clinical issues arise.

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IMAGES



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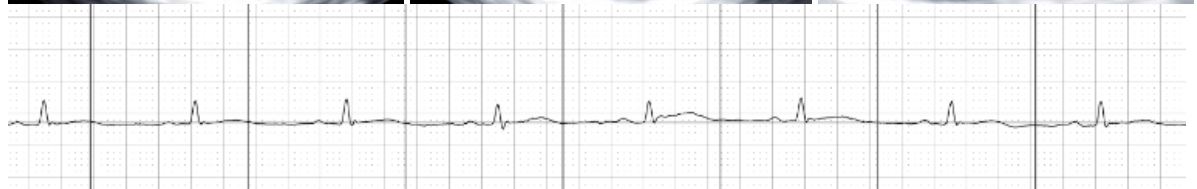
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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