


PATIENT

Dobbie Bishop

PRESENTING CLINICAL SIGNS

History: Recheck echo – no previous report provided; diagnosed with HCM stage B2. Grade 4/6 heart murmur. On Gabapentin.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with mild septal thickening contrasting moderate free wall hypertrophy. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. Moderate left atrial dimension with a horizontal component; no spontaneous contrast. No right atrial enlargement present. Normal RVOT velocity. There is systolic anterior motion (SAM) of the mitral valve is suspected (on color flow and 2D imaging), with an elevated LVOT velocity and a dynamic profile. There is trace mitral regurgitation present secondary to SAM. Trace TR. No obvious additional valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

BREED

Sphynx

SEX

Male Neutered

AGE

5 years

CARDIAC CHART
WEIGHT

10lbs

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	4.4	140	0.61	1.5	0.73	50	84
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	1.6	1.6	1.6	1.2	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.

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

 The Cat Clinic
 Hamilton

REFERRING VET

Dr. Hall

INVOICE

31635

DATE

6/29/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diagnosis is hypertrophic obstructive cardiomyopathy. This indicates some degree of LV hypertrophy (moderate in this case) with a dynamic LVOT obstruction (SAM) and secondary MR. There is moderate left atrial dilation present, indicating the risk of spontaneous CHF and/or a thrombotic event is elevated. No additional issues are identified. Without a prior report, I comparison cannot be made; however, stage B2 disease is identified in this study as well.

While no medications have been shown to definitively alter long term outcome at this stage of disease, it is reasonable to initiate atenolol at this time as below, given LA dilation. The patient's resting HR is relatively low presumably due to gabapentin; however, this should be reassessed prior to institution (ie if bradycardia persists, atenolol is contraindicated). Plavix is also reasonable given LA dilation; however, this can be difficult



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to administer. Prognosis is guarded with LA dilation, although there is great variability in rates of progression with subclinical feline cardiomyopathy. Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

SPECIES

Feline

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). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance.

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Risk for complication with steroid use typically follows LA dilation, which in this case is significantly elevated. Ideally consider an alternative such as Budesonide as a safer choice. If needed for systemic wellness however, monitoring of RR/RE is advised particularly in the initiation phase.

AGE

5 years

PLAN

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. Consider blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges).

WEIGHT

10lbs

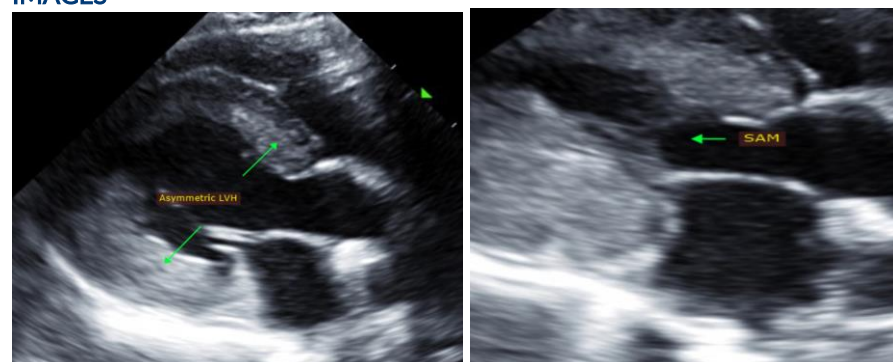
Screening blood pressure and T4 are recommended every 6 months.

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

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

IMAGES



IMAGING PERFORMED BY

Crystal Hill, RVT

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.

HOSPITAL NAME

The Cat Clinic
Hamilton

REFERRING VET

Dr. Hall

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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