



PATIENT

Mew Allen

SPECIES

Feline

BREED

Sphynx

SEX

Male Neutered

AGE

1 year

WEIGHT

9.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Cat Care of Rochester
Hills

INVOICE

25082

DATE

6/30/22

PRESENTING CLINICAL SIGNS

History: Grade 3-4/6 heart murmur. ProBNP: 241. Sedation: Torb.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with mild overall hypertrophy. There is a mildly hyperechoic endocardium consistent with fibrosis. Mild papillary muscle remodeling. The right ventricle is normal. There is mild left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Abnormal anterior motion of the mitral valve is present on multimodal imaging. Mildly elevated LVOT velocity is seen on color-flow and Spectral doppler with a dynamic profile. The anterior leaflet of the MV is mildly elongated and thickened, consistent with dysplasia. There is mild eccentric mitral regurgitation present. No TR. No other obvious valvular regurgitation is present. No obvious intra or extracardiac shunts seen. There is no pericardial effusion noted. No pleural effusion appreciated.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	4.3	NM	0.65	1.37	0.63	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		2.8	1.8	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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

The diagnosis and cause of the murmur is mitral valve dysplasia leading to mild LV hypertrophy, mild MR and an obstructive LVOT flow pattern. A primary HOCM component cannot be ruled out as a concurrent issue particularly given only mild MV abnormality. There is only mild left atrial dilation however, indicating the risk of spontaneous CHF and/or a thrombotic event is currently low.

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. In cases of solely primary MV dysplasia this can lead to improvement in the degree of obstruction and hypertrophy. Given the young age of the cat and today's findings it is reasonable to initiate at this time as below.

Monitor at home for any respiratory signs or evidence of blood clot events (neurologic change, paralysis, etc.). **No obvious indication for activity restriction at this time.**

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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).

SPECIES

Feline

Long term prognosis is guarded given the age of the patient and highly variable nature of asymptomatic feline heart disease. Many cats will remain asymptomatic until mid-life or beyond, while others develop CHF within the first years. Close monitoring for progression to LA dilation in the future will help determine long term prognosis.

BREED

Sphynx

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. Screening blood pressure is recommended if possible.

SEX

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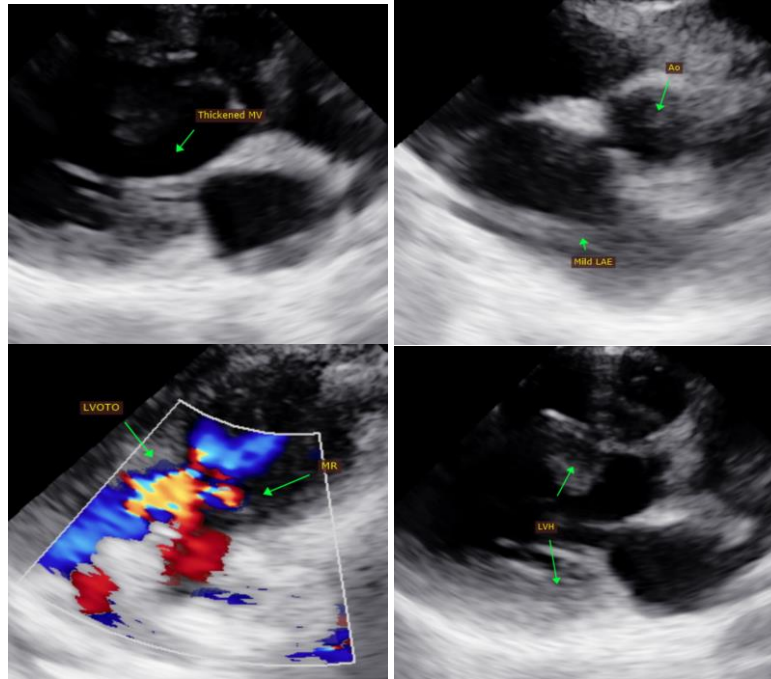
Recommend recheck echocardiogram in 6 months to assess for progression and response to therapy, sooner if clinical issues arise.

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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. 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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