



PATIENT

Mina Leinberger

SPECIES

Feline

BREED

NP

SEX

Female Spayed

AGE

13 years

WEIGHT

16lbs

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

25081

DATE

6/30/22

PRESENTING CLINICAL SIGNS

History: Grade 1/6 new heart murmur. Assess prior to anesthesia. Currently on tapered dose of Prednisolone 5mg PO q24h.

BP has been historically variable, spiking as high as 200mmHg and then returning to 150mmHg. Recording today was 240mmHg.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is slightly asymmetric with a borderline septal dimension and mild free wall thickening. 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 minimal left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No TR. 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) (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	7.3	NM	0.57	1.4	0.62	58	91
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	1.36	1.36		0.82	1.4	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.*

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both have somewhat been ruled out in this case; however, follow up is advised. The degree of disease is mild, with only mild asymmetric LVH and minimal LA dilation. Use of steroids can cause a slight increase in LA dimension, and this may simply be the cause. Regardless, what is seen here is mild and risk for clinical issues is low at this time. No additional issues are identified. No cause for the murmur is seen, making it likely physiologic in origin.

The reported blood pressure is elevated, although reportedly highly variable. Recommend consider reassess as the sole purpose of a visit to determine accuracy/persistence, particularly given no reported clinical signs of severe hypertension (retinal changes, etc). Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm

**PATIENT**

Mina Leinberger

demeanor, recommend institution of amlodipine to effect. Additionally if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc), as primary disease is relatively uncommon and a rule out diagnosis.

SPECIES

Feline

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.

BREED

NP

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.

SEX

Female Spayed

PLAN

Reassess BP as discussed and treat if indicated. A screening blood pressure and T4 every 6 months lifelong.

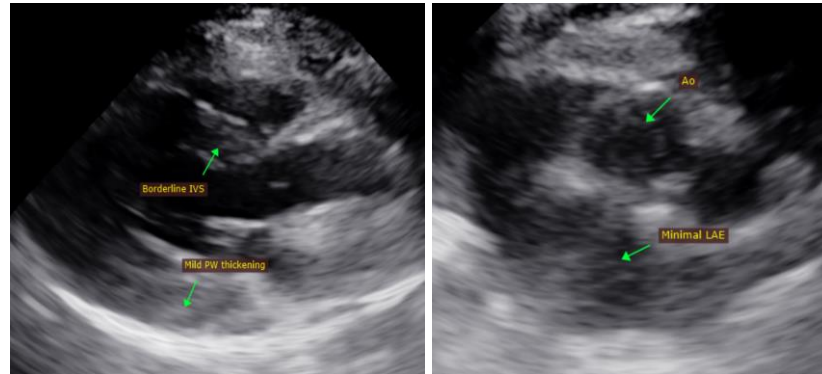
AGE

13 years

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

WEIGHT

16lbs

IMAGES**INTERPRETED BY**

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Amy Mayhew, LVT

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

SVS Imaging MI

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.

REFERRING VET

Cat Care of Rochester
Hills

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

INVOICE

25081

DATE

6/30/22