



PATIENT

Mik Nardi

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

8 years

WEIGHT

17.44lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. HOCM diagnosed on echocardiogram 1/12/22 (Meghan Allen, DVM, DACVIM-Cardiology). Currently, Mik is doing well with no coughing and normal respirations. Maintains a good appetite. Resting heart rates at home between 122 and 128. On exam: NSR, grade III/VI murmur with PMI on sternum, PSS, lung fields clear, compressible thorax, BP; 120-130mmHg. Medications: 1) Atenolol 25mg 1/4 tab daily 2) Plavix/clopidogrel 75mg 1/4 tab daily *No sedation for study.
-Pertinent previous echo measurements: LA 1.6 cm; LA:Ao 1.78; IVS 0.64 cm; PW 0.72 cm; LVOT Vmax 3.73 m/s; 56 mmHg.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are mildly increased with regions of irregularity. The papillary muscles are remodeled. The endocardium appears mildly remodeled and fibrotic.

Left atrium: The left atrium is moderately dilated with a horizontal component. The auricle appears dilated as well. No smoke or thrombi seen.

Mitral valve: The anterior leaflet of the mitral valve is mildly elongated, however normal thickness. Systolic anterior motion is seen on 2D imaging. Mild eccentric MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mildly increased aortic outflow velocity with a dynamic profile. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: The right atrium is normal in dimension.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 160bpm.

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

24654

DATE

6/8/22

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.6
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.63
LVID diastole (cm)	1.5
PW thickness (cm)	0.60
LVID systole (cm)	0.57
FS (%)	62

Doppler Measurements

PV Vmax (m/s)	0.88
AoV Vmax (m/s)	2.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Hypertrophic obstructive cardiomyopathy persists with evidence of stability. Compared to the prior study, the LV dimensions are similar with mild hypertrophy. The LA is unchanged, indicating the risk for progression persists going forward. Finally, the LVOTO is slightly improved, likely due to Atenolol therapy. No additional issues are identified.

Giving these findings, continue Atenolol and Plavix as prescribed. No obvious indication for additional medications at this time.

PATIENT

Mik Nardi

Prognosis remain guarded yet highly variable given the unpredictable nature of sub-clinical feline cardiomyopathy.

SPECIES

Feline

RECOMMENDATIONS

- Continue Atenolol and Plavix as prescribed.
- Screening BP/T4 every 6 months going forward.
- Anesthetic risk is considered elevated, with high 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.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

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PLAN

- Recommend recheck echocardiogram in 6 months to assess rate of progression, sooner if any issues arise in the interim.

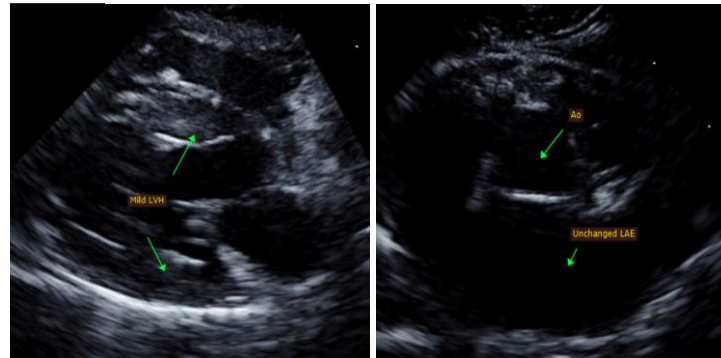
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

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.

HOSPITAL NAME

Mass Veterinary Services

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

REFERRING VET

Dr. Masloski

Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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