



PATIENT

Frosty Swain

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

6 years

WEIGHT

10lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sarah Pender, CVT

PRESENTING CLINICAL SIGNS

History: History of heart murmur, grade 3/6. Was tachycardic. Open mouth breathing at home. Improved on Furosemide.
-Current medications: Furosemide 6.25mg BID, Enalapril 2.5mg BID, Clopidogrel 18.75mg SID, Vetalog injection 4/26/22.
-Radiographs: Normal silhouette.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is markedly hypertrophied with obliteration of the chamber. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscles are asymmetric with significant hypertrophy. The right ventricle appears normal. There is moderate left atrial enlargement present with a horizontal component. No right atrial enlargement present. There is systolic anterior motion (SAM) of the mitral valve present on both 2D and color flow with elevated outflow velocities. There is moderate eccentric mitral regurgitation present. Normal velocity. Trace TR. Normal velocity. Increased RVOT velocity with a dynamic profile. No pericardial effusion noted. No pleural effusion noted. 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	4.5	270	0.85	0.99	0.84	62	93
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	1.9	1.6		3.5	2.5	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.

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Pelzer

INVOICE

24690

DATE

6/9/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diagnosis is severe hypertrophic obstructive cardiomyopathy. This indicates LV thickening with a dynamic LVOT obstruction (SAM). Significant left atrial dilation is noted, indicating the risk of spontaneous CHF and/or a thrombotic event is and will be elevated lifelong.

Given these findings and reported prior symptoms, the diagnosis of CHF is supported, and lifelong medications are warranted as below, including addition of Atenolol therapy. The prognosis is poor for cats with CHF long term; however, most are able to be managed for an average of 6-12 months on medications if tolerated.

Elective anesthesia is NOT advised.

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PATIENT

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

SPECIES

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PLAN

Administer diuretic furosemide/Lasix 1-2mg/kg PO q12h. Administer blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges. Coat in entirety). Administer ACE-I 0.5mg/kg PO q12h (pending BP >130mmHg). Administer Benazepril 0.5mg/kg PO q24h. Institute Atenolol 25mg tablets; Give ¼ tab once daily. Monitor BP and T4 every 6 months lifelong.

BREED

DSH

Recheck heart rate and renal values in 1-2 weeks with target stressed rate of 140-160bpm 12-24 hours post-administration. Increase as needed until target reached.

SEX

Male Neutered

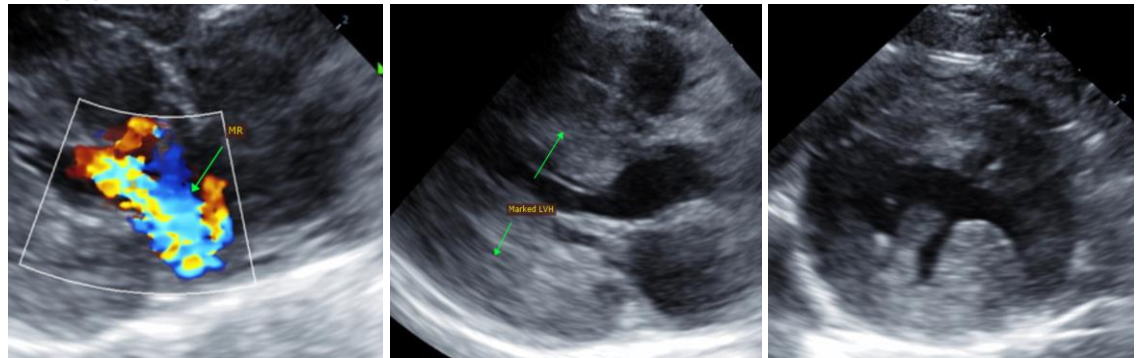
Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues arise.

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6 years

IMAGES**WEIGHT**

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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

Sarah Pender, CVT

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.

HOSPITAL NAME

SVS Imaging QC

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