



PATIENT

Farris Costa

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

15 years

WEIGHT

11.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Littleton Animal
Hospital

REFERRING VET

Dr. Brooks

INVOICE

25341

DATE

7/14/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM diagnosed on echocardiogram 7/1/21 (Maggie Machen Lamy, DVM, DACVIM-Cardiology). Currently, doing well at home. BW - elevated kidney values. On Atenolol 6.25mg SID and Felimazole 2.5mg BID. BP: 176-186mmHg. *Sedated with alfaxalone for study.
-Pertinent previous echo findings: LA 1.5 cm; LA:Ao 1.5; IVS 0.68 cm; PW 0.61 cm; LVOT Vmax 2.0 m/s; mild LAE; LVH with regional variation; mild LVOT velocity increase with dynamic profile.

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 asymmetry. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are hypertrophied and hyperechoic. The endocardium appears mildly remodeled.
Left atrium: The left atrium is normal. No smoke or thrombi seen.
Mitral valve: The anterior leaflet of the mitral valve appears largely normal. No significant systolic anterior motion is appreciated. Mild eccentric MR persists.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. Mild 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.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 150bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.3
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.69
LVID diastole (cm)	1.1
PW thickness (cm)	0.56
LVID systole (cm)	0.4
FS (%)	65

Doppler Measurements

PV Vmax (m/s)	0.66
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is evidence of stability. The LV appearance is similar with mild to moderate LV hypertrophy. The LA dilation is slightly improved and the LVOTO has resolved. Persistent MR with development of an aortic leak are noted and monitoring is advised. No additional issues are identified.

Given these findings, reasonable to continue Atenolol lifelong. No obvious indication for additional medications.

The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.)



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or evidence of LVH on echo. 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 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.

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RECOMMENDATIONS

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- Continue Atenolol as prescribed.
- Reassess BP as discussed with a BP/T4 every 6 months.
- 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, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

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- 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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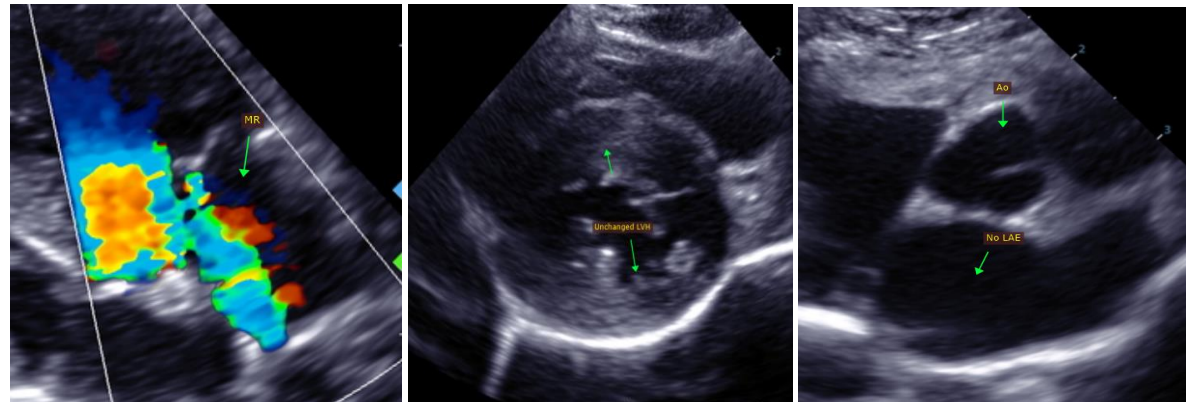
PLAN

- Recommend recheck echocardiogram in 6-12 months to assess rate of progression, sooner if any issues arise in the interim.

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 Lamy, DVM
 DACVIM (Cardiology)

IMAGES



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Pamela Harrigan,
 RDMS

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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.

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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.

DATE
 7/14/22

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