

**PATIENT**

Todd Kristensen

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

11 years

**WEIGHT**

9.9lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Dana Alterman,  
RDMS, LVT

**HOSPITAL NAME**

Eubank Animal Clinic

**REFERRING VET**

Dr. Martin

**INVOICE**

31891

**DATE**

7/17/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Prior study was normal; however, the patient has a history of HOCM/MVD diagnosed in 2021.

-Current medications: Atenolol.

-Pertinent previous echo findings (6/2022 MML): IVSd: 0.45, LVWd: 0.43, LA: 1.2, no LVOTO.

**ELECTROCARDIOGRAPHIC FINDINGS**

A six lead ECG is available at 25mm/s; 20mm/mV. The average heart rate is 150bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. The MEA is indeterminate due to low voltage complexes. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve appears thickened and elongated. No MR or TR. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

**CARDIAC CHART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	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	NM	0.46	1.47	0.45	66	95
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	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	1.0	1.3	1.3	1.1	0.6	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 &amp; 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**

Compared to the prior study, the findings are similar. The wall thickness remains normal and no LVOTO is appreciated. The mitral valve is better visualized in this image set and does appear mildly abnormal, likely suggesting a case of mitral valve dysplasia. No additional issues are identified.

The ECG is unremarkable with a normal rhythm. The heart rate appears well controlled at 150bpm.



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Given these findings, continue Atenolol going forward. Prognosis is open, as cases that show improvement on atenolol can do well long term. Lifelong monitoring for progression is advised.

**SPECIES**

Feline

Anesthetic risk is considered mildly elevated. Mild IV fluid restriction is advised. Heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary.

**BREED**

DSH

**PLAN**

Continue atenolol as prescribed.

**SEX**

Male Neutered

A recheck echocardiogram is recommended annually lifelong, sooner if any issues arise.

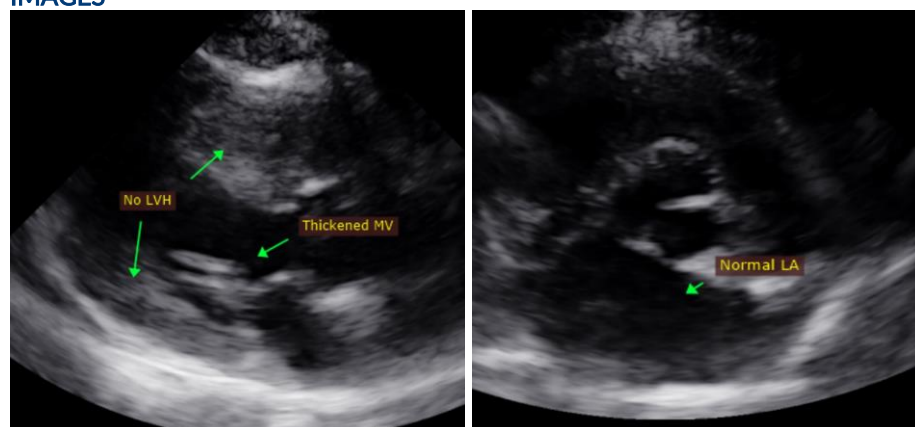
**AGE**

11 years

**IMAGES**

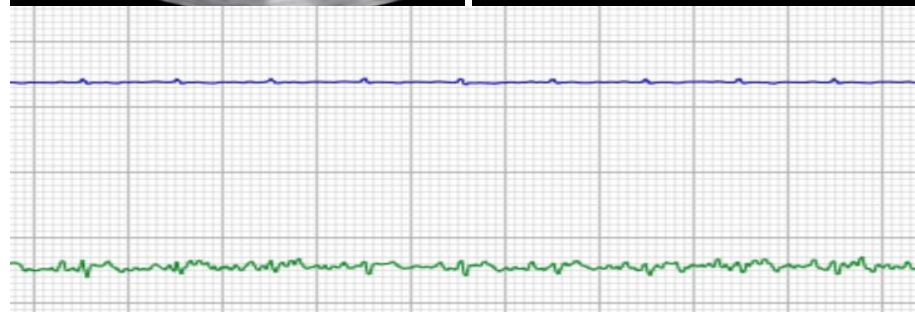
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**REFERRING VET**

Dr. Martin

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.

**INVOICE**

31891

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

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7/17/23