


**PATIENT**

 Baxter Burlington  
 Humane Society

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

12 years

**WEIGHT**

14.3lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING  
 PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

 Burlington Humane  
 Society

**REFERRING VET**

Dr. Patton

**INVOICE**

31683

**DATE**

7/6/23

**PRESENTING CLINICAL SIGNS**

History: Grade 3/6 heart murmur. Bradycardia.

-Current medications: Felimazole 5mg BID &amp; 2.5mg SID; Solensia monthly; Metro 50mg BID; Gaba 50mg BID.

-Abnormal PE/Chem/CBC/UA Results: LowT4.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately hypertrophied with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. Moderate left atrial dimension with a horizontal component; no spontaneous contrast. No right atrial enlargement present. Normal RVOT velocity. There is systolic anterior motion (SAM) of the mitral valve present, with an elevated LVOT velocity and a dynamic profile. There is mild mitral regurgitation present secondary to SAM. Trace TR. No obvious additional valvular regurgitation is present. 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	6.5	150	0.78	1.1	0.79	52	90
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	1.7	1.8	1.8		2.4	0.9	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**

The diagnosis is hypertrophic obstructive cardiomyopathy. This indicates some degree of LV hypertrophy (moderate in this case) with a dynamic LVOT obstruction (SAM) and secondary MR. There is moderate left atrial dilation present, indicating the risk of spontaneous CHF and/or a thrombotic event is elevated. No additional issues are identified. Assuming the T4 is well controlled, a baseline BP should be considered as a possible contributing issue.

While no medications have been shown to definitively alter long term outcome at this stage of disease, typically Atenolol is recommended with a significant obstruction. **Bradycardia is noted both during the exam and during the echocardiogram and Atenolol is certainly not indicated in this case. An ECG is strongly recommended to further**



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**investigate bradycardia.** Plavix is reasonable given LA dilation; however, this can be difficult to administer. Prognosis is guarded with LA dilation, although there is great variability in rates of progression with subclinical feline cardiomyopathy.

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Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

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Pending further ECG evaluation, 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, and isoflurane maintenance.

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Risk for complication with steroid use typically follows LA dilation, which in this case is significantly elevated. Ideally consider an alternative such as Budesonide as a safer choice. If needed for systemic wellness however, monitoring of RR/RE is advised particularly in the initiation phase.

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**PLAN**

Further evaluation of bradycardia is recommended as discussed. Consider blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges).

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Screening blood pressure and T4 are recommended every 6 months.

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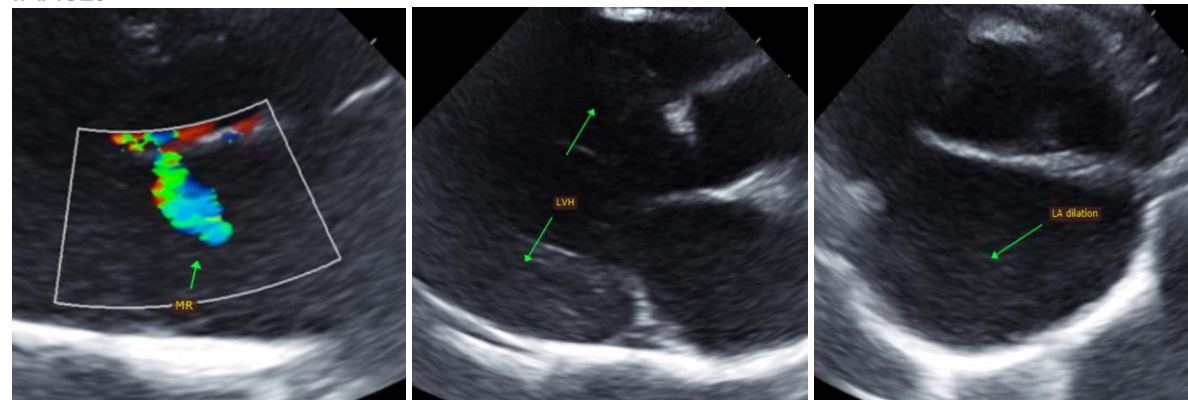
Maggie Machen Lamy,  
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(Cardiology)

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

**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.

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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.

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