

PATIENT

Binx Ware

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

14 years

WEIGHT

12.2lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Wood River Animal
Hospital

REFERRING VET

Dr. Boy

INVOICE

20447

DATE

8/10/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History suspected HCM with mild LVOT obstruction. Currently, has had weight loss in past year despite continued good appetite and normal attitude and activity. Diagnosed 7/2021 with hyperthyroidism. Murmur has increased in intensity from previous exams, now grade III-IV/VI.
-Current medications: Atenolol 25mg, 1/4 t BID; Methimazole 5mg, 1/2 t BID.
-Pertinent previous echo findings: LA 1.41 cm; LA:Ao 1.17; IVS 0.65-0.72 cm; PW 0.58-0.69; LVOT 3.21 m/s; mild MR.

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 mild to moderately increased. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The papillary muscles appear mildly hypertrophied. The endocardium appears mildly remodeled.

Left atrium: The left atrium is mildly dilated. No obvious spontaneous contrast or thrombi seen.

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No mitral regurgitation.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mildly increased aortic outflow velocity; dynamic profile. Trace 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.

Pulmonic 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.

2-Dimensional Measurements

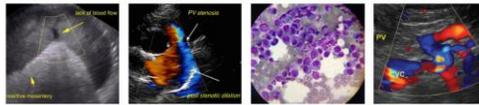
Ao diam (cm)	1.2
LA diam (cm)	1.5
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.7
LVID diastole (cm)	1.4
PW thickness (cm)	0.7
LVID systole (cm)	0.6
FS (%)	55

Doppler Measurements

PV Vmax (m/s)	0.62
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Stable Hypertrophic Obstructive Cardiomyopathy (HOCM) persists. The LV wall thickness is similar to what is noted previously, and the LA remains mildly dilated. The outflow tract



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obstruction is not seen, likely due to Atenolol therapy. A small aortic leak is noted, and lifelong blood pressure monitoring is advised. No additional issues are identified, and the risk for associated clinical signs remains low. Prognosis remains guarded, given the highly variable outcomes with subclinical feline cardiomyopathy.

While relative stability is encouraging, there is no significant improvement with institution of Atenolol therapy. Lifelong monitoring is advised. The hyperthyroid status can contribute to progression if poorly controlled; however, the heart rate appears reasonable, and no additional changes are indicated.

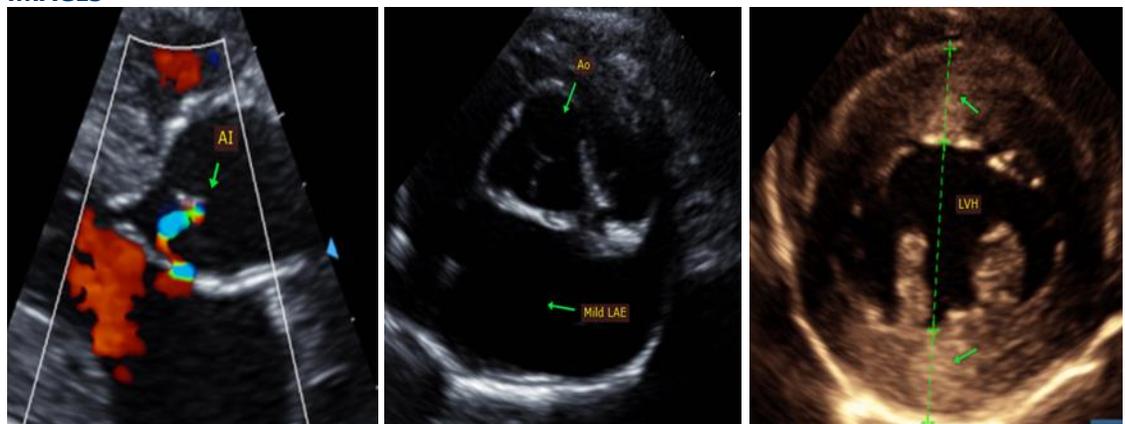
RECOMMENDATIONS

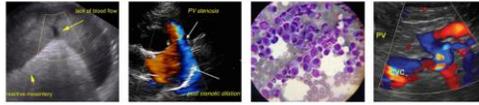
- Given these findings, no additional medications are indicated. Continue Atenolol as prescribed.
- Monitor BP every 6 mo.
- Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless 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. Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- Recommend recheck echocardiogram in 6-12 months to continue to screen for progression.

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.

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.

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