


PATIENT

Taco Zellman

PRESENTING CLINICAL SIGNS

History: Coughing. Tachycardia. Possible murmur.

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with moderate septal hypertrophy contrasting mild free wall dimension. There is a mildly hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy. The right ventricle is normal. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Abnormal anterior motion of the mitral valve is present, with an elevated LVOT velocity (dynamic profile). The anterior leaflet of the MV is mildly elongated, consistent with some degree of dysplasia. There is secondary mild eccentric mitral regurgitation present. Trace physiologic TR. No PI or AI appreciated. There is no pericardial effusion noted. No pleural effusion appreciated. Tachycardia throughout.

CARDIAC CHART
AGE

3 years

WEIGHT

10.9lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING
PERFORMED BY

 Potomac Mobile
 Veterinary Ultrasound

HOSPITAL NAME

 Vets and Pets
 Hospital

REFERRING VET

Dr. Jarrett

INVOICE

32324

DATE

8/11/23

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	4.9	260	0.76	1.4	0.63	58	92
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	1.1	1.2	1.2		1.3	1.0	NM

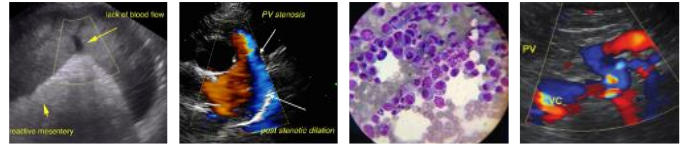
**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
 Adapted from June Boon, Veterinary Echocardiography, 1998
 Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presumptive diagnosis and cause of the murmur is mitral valve dysplasia leading to mild LV hypertrophy and an obstructive LVOT flow pattern. A primary hypertrophic component cannot be ruled out as a concurrent issue. There is no left atrial dilation indicating the risk of spontaneous CHF and/or a thrombotic event is currently low.

In cases of solely primary MV dysplasia use of atenolol can lead to improvement in the degree of obstruction and hypertrophy. Given today's findings and marked tachycardia upon exam, it is reasonable to initiate at this time as below. If there is difficulty medicating at home and given no significant LVH and mild LA dilation, an alternative approach would be closely monitoring for progression in the next 6-12 months.

Even with mild changes seen here, this is unlikely to explain a reported cough. Primary respiratory issues are more likely. Baseline CXR are recommended.



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

SPECIES

Feline

Long term prognosis is open given the highly variable nature of asymptomatic feline heart disease. Many cats will remain asymptomatic until mid-life or beyond, while others progress to CHF. Close monitoring for response/improvement with atenolol, progression of LA dilation/LVH in the future will help determine long term prognosis.

BREED

DSH

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).

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PLAN

Baseline CXR with pulmonary treatment if indicated. Administer titrating dose of atenolol: 25mg tablets; Give ¼ tab once daily. Recheck heart rate in 1-2 weeks with target stressed rate of 140-160bpm 12-24 hours post-administration. Increase as needed until target reached. Screening blood pressure is recommended.

AGE

3 years

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

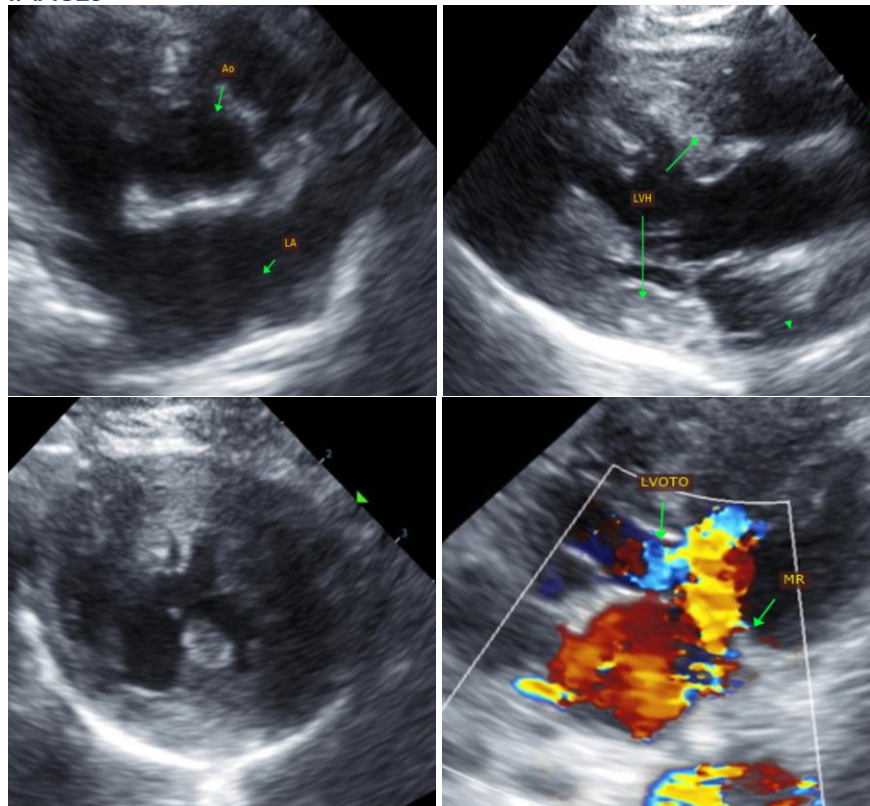
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IMAGES

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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.

SPECIES

Feline

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.

BREED

DSH

Maggie Machen Lamy, DVM
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info@sonopath.com

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