

IMAGING PERFORMED BY

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**PATIENT**

Fautus Estell

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

2.10.01

**WEIGHT**

12lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**HOSPITAL NAME**

Harborside Mobile Vet  
Clinic

**REFERRING VET**

Dr. Hawkins

**INVOICE**

25844

**DATE**

8.17.22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo.

-Current medications: Atenolol 6.25mg SID.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (4/21/21 MML): Mild to moderate LVH, mild LAE, SAM with moderate MR. IVSd: 0.78, LVWd: 0.72, LA; 1.4, LVOTO: 2.5.

-STAT: Offered STAT/ECG- declined at this time.

-Imaging performed by: Stephanie Warga RDCS, RVT.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately thickened with regions of irregularity. There is a mildly hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is severe left atrial enlargement present with evidence of smoke. No significant right atrial enlargement present. Normal RVOT velocity. There is systolic anterior motion (SAM) of the mitral valve present, with a mildly elevated dynamic LVOT velocity. There is moderate eccentric mitral regurgitation present secondary to SAM. No other obvious valvular regurgitation is present. Scant pericardial and no pleural effusion seen. No tumors appreciated. Irregular heart rate throughout.

**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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.4	NM	0.72	1.4	0.74	51	86
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	2.5	2.0	1.9	2.0	0.84	NM	

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

Hypertrophic obstructive cardiomyopathy (HOCM) persists with evidence of progression. The LV is similar to previous; however, the LA is severely enlarged. Subtle smoke is appreciated, which dramatically elevates the risk for a blood clot event. The aortic outflow velocity appears reasonably controlled despite these findings. **A baseline ECG is strongly recommended given an irregular rhythm throughout.**

Given these findings, immediate lifelong cardiac support is recommended. Continue Atenolol as prescribed, ensuring the heart rate remains between 140-160bpm stressed. Lasix is also indicated due to severity of findings and scant pericardial effusion. A screening blood pressure is highly recommended with institution of an ACEI if >160mmHg. Prognosis is guarded to poor at this stage of disease.

Elective anesthesia is not advised until the patient is stabilized and even then, will remain high risk.

Monitor at home for any change in RR/RE, exercise intolerance, and/or signs of a blood clot going forward.

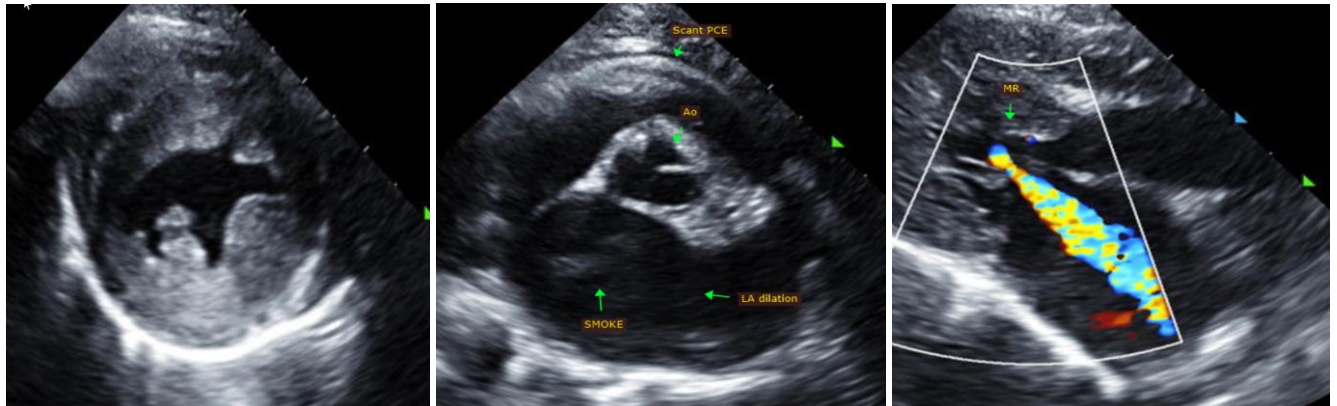
### PLAN

A baseline ECG is strongly recommended. Institute Lasix 1mg/kg PO q12h. Institute Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety). Continue Atenolol, ensuring heart rate of 140-160bpm stressed. Baseline BP recommended with institution of an ACEI if >160mmHg.

Monitor renal values, BP and HR every 4-6 months lifelong.

Recommend recheck echocardiogram in 6 months, to assess for progression/regression.

### IMAGES



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.

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