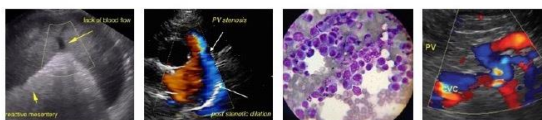


PATIENT
Mocha Caille

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
3 years

WEIGHT
13lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Crystal Hill, RVT

HOSPITAL NAME
Acton Vet Clinic

REFERRING VET
Dr. Gajadhar

INVOICE
32096

DATE
8/2/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Patient brought into clinic for having a strange episode where she stretched her front limbs out and became disoriented and then couldn't stand. This happened twice last June as well. This time she snapped out of it pretty quickly but was wobbly for a while afterwards. Upon PE noted a grade 3/6 heart murmur. BP: 135mmHg.
-Current medications: Atenolol 6.25mg BID.
-Pertinent previous echo findings (1/2023 MML): Mild LAE, borderline LVH (0.61/0.59), SAM without a significant LVOTO, trivial MR. MVD with improvement on Atenolol.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 20mm/mV. The average heart rate is 180bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm.

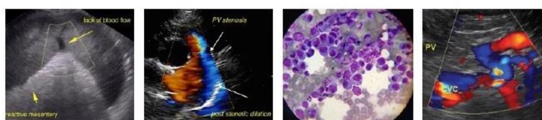
ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline hypertrophied with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild papillary muscle hypertrophy. The right ventricle is normal. There is mild left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Systolic anterior motion is seen on 2D imaging. Trivial MR. Mildly elevated aortic outflow velocity. The anterior leaflet of the MV is mildly thickened and elongated. No TR. There is no pericardial effusion noted. No pleural effusion appreciated. No cardiac tumors seen.

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	5.9	160	0.58	1.57	0.56	44	80
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	NM	1.5	1.5		2.5	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.



PATIENT
Mocha Caille

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
3 years

WEIGHT
13lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Crystal Hill, RVT

HOSPITAL NAME
Acton Vet Clinic

REFERRING VET
Dr. Gajadhar

INVOICE
32096

DATE
8/2/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, findings are similar. The LVOTO is more apparent, and the heart rate slightly increased comparatively (likely explaining a more prevalent murmur); however, a lack of LVH or other progressive changes suggests this is likely transient. The LA remains mildly dilated and no additional issues are noted. The ECG is unremarkable with a normal sinus rhythm.

Given these findings, no cause for the episodes is identified. A cardiogenic thrombus would be unlikely with only mild left atrial enlargement and a neurologic issue should be considered. That being said, if no explanation is identified, Plavix can be considered to help decrease risk for thrombus formation although this can be difficult to administer. Based up on what is seen here, continue Atenolol as prescribed.

Monitor at home for any respiratory signs or evidence of blood clot events (neurologic change, paralysis, etc.). Prognosis is guarded, given the highly variable rates of progression with subclinical feline cardiomyopathy. Many cats will remain asymptomatic until mid-life or beyond, while others develop CHF within the first years. Many cats will remain asymptomatic until mid-life or beyond, while others develop CHF within the first years. Close monitoring for progression to LA dilation in the future will help determine long term prognosis.

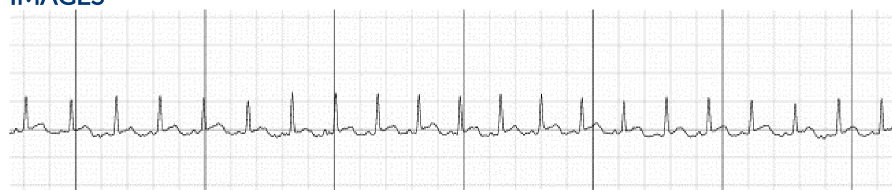
Anesthetic risk is considered mildly elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance.

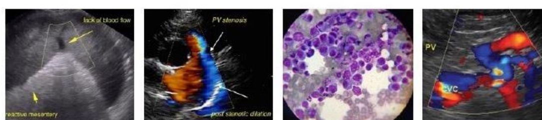
PLAN

Continue atenolol as prescribed, periodically ensuring the heart rate is 140-160bpm in hospital. If no alternative explanation for the episodes is identified, consider institute Plavix to decrease risk for cardiogenic thrombus (1/4 of a 75mg tab WELL COATED PO SID).

Recommend recheck echocardiogram annually to screen for progression, sooner if clinical signs arise.

IMAGES





PATIENT
Mocha Caille

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
3 years

WEIGHT
13lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

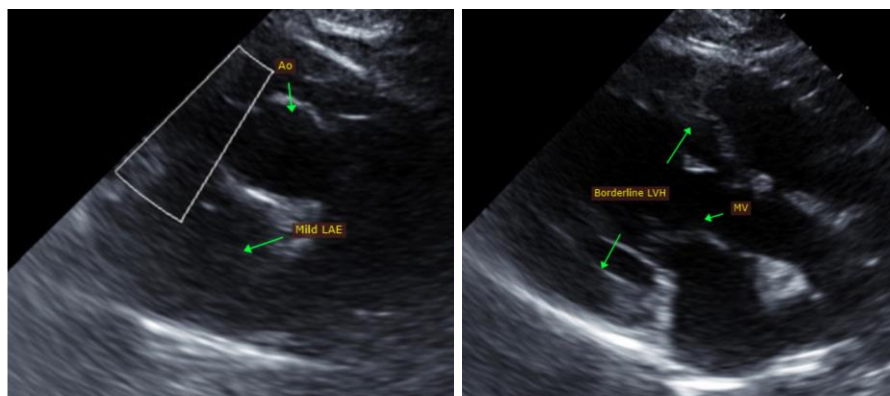
IMAGING PERFORMED BY
Crystal Hill, RVT

HOSPITAL NAME
Acton Vet Clinic

REFERRING VET
Dr. Gajadhar

INVOICE
32096

DATE
8/2/23



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