

PATIENT

Tucker Aria

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

2 years

WEIGHT

11.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Ng

INVOICE

32104

DATE

8/2/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 4/6 heart murmur. Recent episodes of syncope. No medications.
-Pertinent previous echo findings (10/2021 MML): DCRV. Mild RHE.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no obvious prolapse into the left atrial lumen. Systolic anterior motion is seen on 2D and color flow imaging. Mild secondary mitral regurgitation. Normal MR velocity. Normal left atrial dimension. Normal LV diameter with normal myocardial function. The LV wall is borderline hypertrophied. The tricuspid valve appears normal with mild tricuspid regurgitation present. Moderate right atrial dilation. Mild right ventricular dilation with hypertrophy. The fibrous ridge is visualized, although less clear than previous. Max pulmonary artery velocity is only mildly elevated, although velocity through the RV is not assessed. The PV appears normal. Mild post-stenotic dilation of the main pulmonary artery and peripheral branches. Mild PI. The aortic valve appears to have normal morphology and mobility. No obvious cardiac shunts are visualized. No pericardial or pleural effusion noted.

CARDIAC CHART

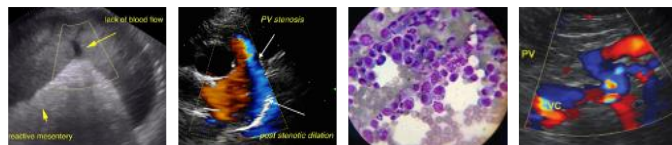
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.4	160	0.58	1.46	0.56	69	96
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO 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	1.0	1.0	0.9		2.5	2.3	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

Compared to the prior study, there is evidence of progression with increased RV hypertrophy and RA dilation comparatively. Additionally, there is systolic anterior motion of the mitral valve, which was not previously noted (likely an oversight rather than a novel issue). This is causing secondary mitral regurgitation and borderline LV wall hypertrophy. Fortunately, the LA remains normal suggesting this is of low consequence thus far. No additional issues are identified.

Prognosis is guarded long-term due to progression seen here. Syncope is likely due to the severe obstruction, and may improve with beta blockade. Recommend Atenolol going forward as below and any further RA enlargement will warrant Plavix as well. Referral remains recommended in this complicated case.



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Given these findings, anesthesia is considered moderately elevated and judicious IV fluid rates are advised avoid fluid overload. Pre-oxygenate for 5 minutes prior to induction. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Monitor heart rate, BP, ECG carefully and intervene as necessary.

SPECIES

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Monitor for development of associated clinical signs (collapse, abdominal distention, cough, labored breathing). Mild exercise restriction is advised.

BREED

DSH

PLAN

Referral is recommended. Institute 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.

SEX

Male Neutered

A recheck echocardiogram is recommended in 6 months to screen for progressive changes and need for Atenolol therapy.

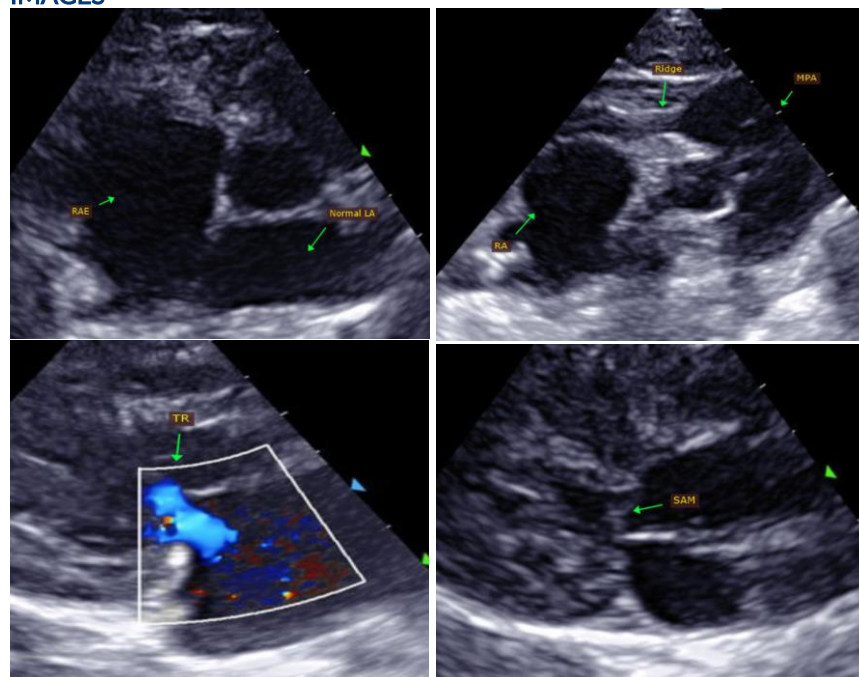
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

DATE

8/2/23

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