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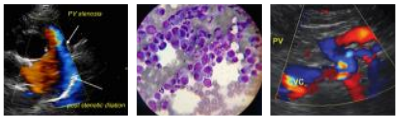

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**PATIENT**
Pan Pezzone

**SPECIES**
Feline

**BREED**
DSH

**SEX**
Male Neutered

**AGE**
5.1.14

**WEIGHT**
10.6lbs

**INTERPRETED BY**
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

**HOSPITAL NAME**
Prime Care Animal Hospital

**REFERRING VET**
Dr. Martin

**INVOICE**
25941

**DATE**
8.22.22

## PRESENTING CLINICAL SIGNS

History: Recheck echo.
-Current medications: Atenolol 25mg ½ SID.
-Blood pressure: 120mmHg with doppler.
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results (5/17/21 MML): Borderline LVH, mild to moderate LAE. IVSd: 0.58, LVWd: 0.54, LA: 1.5.
-STAT: 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 irregular with mild septal thickening. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is mild papillary muscle hypertrophy and remodeling. False tendon. The left atrium is moderate dilated. There is no obvious systolic anterior motion (SAM) of the mitral valve present, with a normal LVOT velocity. There is mild central mitral regurgitation. The right atrium is normal in size. The right ventricle appears normal. Blood flow through the RVOT is normal in velocity. No tricuspid regurgitation is present. No pericardial or pleural effusion is visualized.

## 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 | 3.5-0.55 | <2 (mean 1.5) | 3.5-0.55 | 35-67 | 80-100 |
| PATIENT | 4.8 | NM | 0.61 | 1.4 | 0.51 | 63 | 93 |
| **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 | 1.64 | 1.64 | | 1.0 | 0.82 | 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

Compared to the prior study, the left atrial dimension has increased to moderately enlarged. The LV appearance is similar to previous, suggesting these findings may be independent of LV pathology (i.e., an unclassified disease may be present). Regardless, what is seen here does raise concern for complication. No additional issues are identified.

Given these findings, reasonable to continue atenolol as below. If the patient is easily medicated, Plavix should also be considered at this juncture. Prognosis remains guarded, given progression with risk for CHF and/or blood clot events going forward.

Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

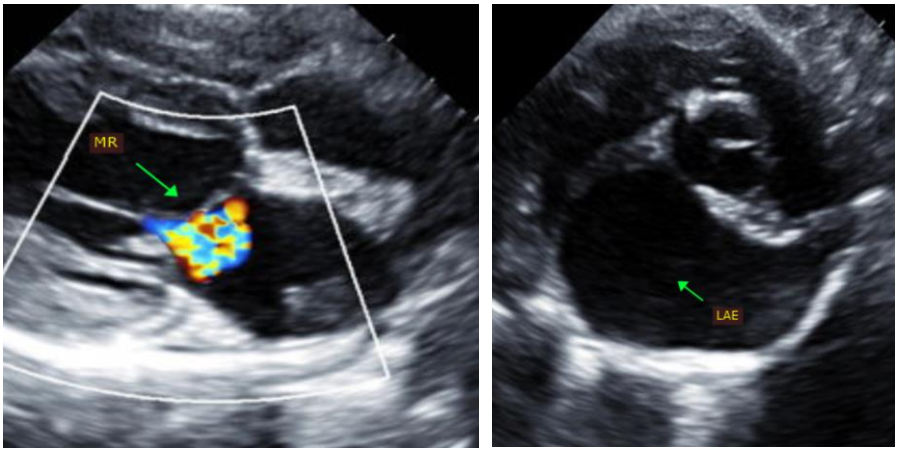
Anesthetic risk is considered moderate, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

## PLAN

Continue Atenolol as prescribed. Consider 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). Screening blood pressure and T4 are recommended every 4-6 months.

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

## 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.

**Maggie Machen Lamy, DVM**
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