



PATIENT

Riley Cullen

SPECIES

Feline

BREED

DMH

SEX

Female Spayed

AGE

11.7.10

WEIGHT

3.67lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Banfield Columbia

REFERRING VET

Dr. Landon

INVOICE

25937

DATE

8.22.22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Murmur, grade 4/6 left sided since 2019.

-Pertinent abnormal PE/Chem/CBC/UA Results: CBC/IOF/UA NSF.

-Current medications: Gabapentin for sedation.

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

-Pertinent previous ultrasound results (8/2021 MML): Borderline septal thickening, no LAE, DRVOTO, SAM/LVOTO, MR.

-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 a moderate septal thickening and normal free wall dimensions. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle remodeling. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Systolic anterior motion (SAM) of the mitral valve present, with an elevated dynamic LVOT velocity. There is moderate eccentric mitral regurgitation present secondary to SAM. No other significant valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	1.7	173	0.7	1.4	0.4	55	87
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	1.3		3.9	1.2	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 slight progression. While the LVOT obstruction is similar to previous, the focal septal bulge is increased comparatively. The remainder of the LV remains normal, and no significant LA enlargement has developed. No additional issues are identified.

Given these findings, reconsider institution of Atenolol as previously discussed. That being said, if the patient is difficult to medicate at home, without progressive LA enlargement, you could also argue simple monitoring is reasonable. No additional medications are indicated prior to atrial dilation. Baseline BP and T4 are recommended every 6 months.

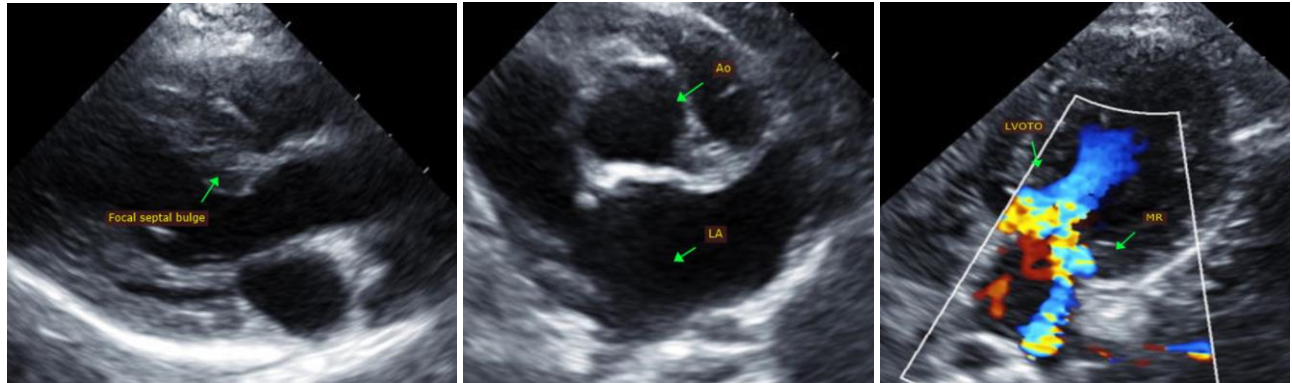
Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (ketamine, glycopyrrolate, atropine).

PLAN

If elected, 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 and T4 are recommended every 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.

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