



PATIENT

Rosebud Wills

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

1.4.10

WEIGHT

13.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Prime Care Animal
Hospital

REFERRING VET

Dr. Martin

INVOICE

25943

DATE

8.22.22

PRESENTING CLINICAL SIGNS

History: Recheck echo.

-Current medications: Atenolol 25mg ½ in AM.

-Blood pressure: 125mmHg with doppler.

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

-Pertinent previous ultrasound results (11/2019 MML): No LVH with a septal bulge, borderline LAE, no LVOTO. LA: 1.2, IVSd: 0.5, LVWd: 0.4.

-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 improved in dimension (within normal range). Septal bulge. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. There is mild left atrial dilation. No right atrial enlargement present. There is minimal systolic anterior motion (SAM) is seen with a borderline LVOT velocity. Mild mitral regurgitation present. Trace TR. No other obvious valvular regurgitation is present. No pleural or pericardial effusion appreciated.

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 | 6.2 | NM | 0.60 | 1.2 | 0.59 | 66 | 94 |
| 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 | NM | 1.7 | 4.5 | 1.9 | 0.9 | 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

HOCM persists with evidence of mild progression. The most significant change is mild left atrial enlargement has developed. The LV appearance is similar to previous and the LVOTO controlled. No Additional issues are identified.

Continue Atenolol as prescribed. No obvious indication for additional medications, even with mild progression in LAE. Should the LA continue to increase in size however, Plavix will certainly become warranted.

Risk for progression remains, however disease is overall stable. Continue to monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.).

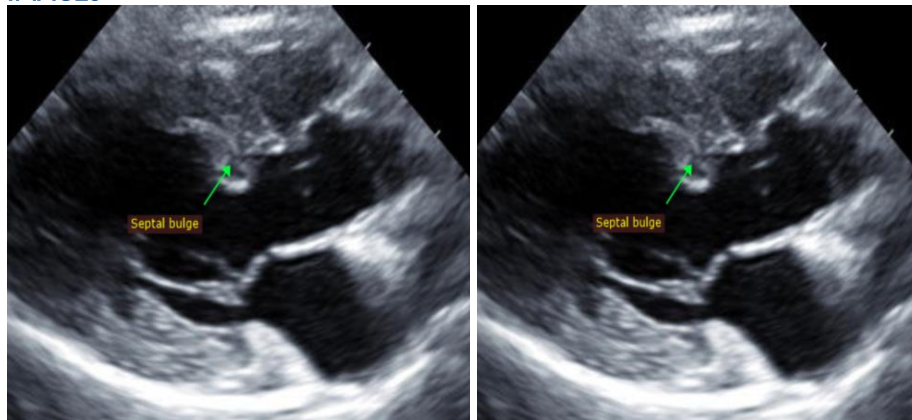
Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

PLAN

Continue atenolol as prescribed. Screening blood pressure and T4 are recommended yearly.

Recommend recheck echocardiogram every 6-12 months lifelong 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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