



PATIENT

Eddie Destrampe

SPECIES

Feline

BREED

Sphinx

SEX

Male Neutered

AGE

5 years

WEIGHT

9lbs; 4.1kgs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kara Wallisch, DVM

PRESENTING CLINICAL SIGNS

History: Recheck echo. Asymptomatic.
-Pertinent previous echo findings (11/2021 MML): IVSd: 0.55, LVWd: 0.61, mild LAE: 1.4.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with a mildly increased free wall and borderline septum. There is a diffusely hyperechoic endocardium consistent with fibrosis. Moderate symmetric papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. There is moderate left atrial enlargement present. No right atrial enlargement present. The aortic valve is thickened. Trace TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. 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) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.1	NM	0.54	1.4	0.60	45	90
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	1.6		0.9	NM	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, this study does document evidence of progression. There is now moderate left atrial enlargement (previously mild) despite unchanged LV wall dimensions. This would suggest there is risk for complication going forward. No additional issues are identified.

REFERRING VET

Dr. Wallisch

Given these findings, use of Plavix and an ACEI are now recommended. It is important to note that no medications have been proven to change outcome at this stage of disease however, and if the patient is difficult to medicate simple monitoring may be reasonable. Discussion with the owner is advised.

INVOICE

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Unfortunately, there is risk for progression to CHF, malignant arrhythmias, blood clot events and/or sudden death going forward. Monitor for associated clinical signs, including respiratory changes, signs of a blood clot, etc.

DATE

8/23/23

Prognosis is guarded due to the highly variable rates of progression with subclinical HCM.



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HOSPITAL NAME

Sondel Family
Veterinary Clinic

REFERRING VET

Dr. Wallisch

INVOICE

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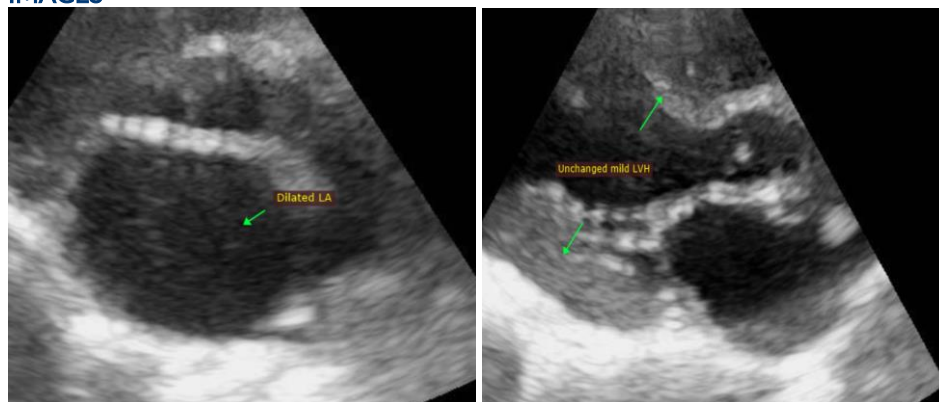
8/23/23

PLAN

Baseline BP and T4 are recommended. Consider ACE 0.5mg/kg PO q12h, Plavix 18.75mg PO q24h (NOTE: Medication is very bitter along the cut edge and may cause foaming at the mouth; wrap in entirety).

Monitoring echocardiogram, BP and thyroid status every 6 months is recommended lifelong to assess for progression, sooner if clinical signs arise in the interim.

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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