

PATIENT

Daisy Mae Bandt

SPECIES

Feline

BREED

Maine Coon

SEX

Female Spayed

AGE

14 years

WEIGHT

11.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Westminster
Veterinary Hospital

REFERRING VET

Dr. Hall

PRESENTING CLINICAL SIGNS

History: Pet was seen for routine senior exam on 7/21. Daisy Mae has significant muscle wasting and has been slowly losing weight over time. She had pale mm as well. A gallop rhythm was noted and recommendation for recheck echo. Patient has been evaluated by cardiologist in the past but most recent echocardiogram was completed by IntraPet in 2019. Due to change in cardiac auscultation, recommend pursuing echo.

-Pertinent abnormal PE/Chem/CBC/UA Results: 07/21/21: mildly decreased neutrophil count; monocytosis also noted; otherwise, bloodwork was grossly benign.

-Current medications: Atopica

-Sedation used: Gabapentin 100mg PO the night before and again upon arrival to the hospital.

-Pertinent previous ultrasound results: (9-11-2019 MML): Borderline LVH, borderline LAE.

-STAT: Not requested.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately increased in dimension with asymmetry (PW > IVS). There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is mild left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.2	182	0.65	1.2	0.77	56	89
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	1.39	1.4		0.9	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.

INVOICE

20743

DATE

8/25/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both should be ruled out in this case as contributing factors. The prior study showed only borderline LVH, making this clearly a progressive issue. The degree of disease is mild to moderate, with moderate LVH and mild LA dilation. This would indicate the risk for clinical issues is low at this time. No additional issues are identified.

Even with progressive changes seen here, given only mild left atrial enlargement no medications are indicated. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM.

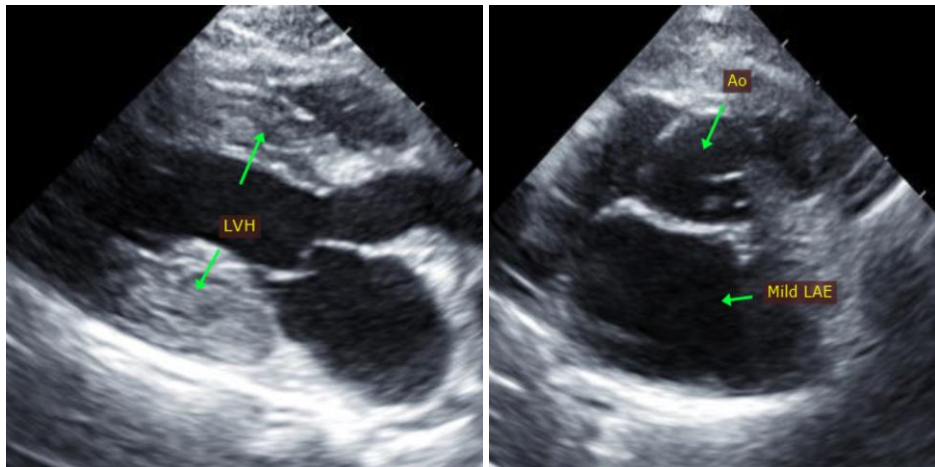
Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

PLAN

A screening blood pressure and T4 are recommended, then every 6 months lifelong.

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if any issues 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.

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