

PATIENT PRESENTING CLINICAL SIGNS

Elliott Hahn

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

7 years

WEIGHT

13.38lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Specialty Services

REFERRING VET

Dr. Masloski

INVOICE

20738

DATE

8/25/21

History: Recheck echo. History HCM without evidence of progression on prior echocardiogram (2/16/21 MML). Current presentation: Elliott seems a bit "off", appearing somewhat sluggish at home. He continues to eat well with no cough. Asthma attacks occurring less than once a month at this point with improved respirations since starting the inhaler and enalapril. CV/RESP: NSR, grade III-IV/VI murmur with PMI sternum PSS, lung fields clear, compressible thorax. BP: 130mmHg x 5.

-Current medications: 1) Enalapril 2.5mg 1 tab twice a day 2) Flovent inhaler prn *Sedated with propofol to effect for exam.

-Pertinent previous echo findings: LA 1.2 cm; LA:Ao 1.1; IVS 0.82 cm; PW 0.82 cm; LVOT 1.6 m/s.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV internal diameter is decreased with adequate myocardial function. The LV wall thicknesses are severely increased. The LV myocardium appears remodeled. The papillary muscles are significantly hypertrophied and hyperechoic.

Left atrium: The left atrium and auricle appear normal. No obvious spontaneous contrast is seen.

Mitral valve: The mitral valve is normal in structure and mobility. Mild systolic anterior motion is suspected on color flow imaging. Mild to moderate eccentric mitral regurgitation.

Aortic valve/Aorta: Aortic valve is normal. Normal outflow velocity, laminar flow. No AI.

Right ventricle: Right ventricular appears normal.

Right atrium: The right atrium is normal.

Tricuspid valve: Tricuspid valve is normal with trace TR. Borderline velocity.

Pulmonic valve/Pulmonary artery: The pulmonic valve appears normal in morphology and mobility. Normal pulmonic outflow velocities with laminar flow. No PI.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 160bpm.

2-Dimensional Measurements

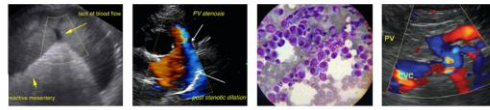
Ao diam (cm)	1.1
LA diam (cm)	1.2
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.86
LVID diastole (cm)	1.0
PW thickness (cm)	0.80
LVID systole (cm)	0.47
FS (%)	51

Doppler Measurements

PV Vmax (m/s)	0.89
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

INTERPRETATION OF THE FINDINGS

HCM persists similar to the prior study. The LV wall thicknesses are unchanged, and the LA remains normal. An LVOTO is suspected as was noted on the prior study with mild to moderate MR. No obvious additional issues are identified.



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No obvious indication for Atenolol prior to further progression and a significant LVOTO. Continue the ACE-I as prescribed with reasonable blood pressures noted.

SPECIES
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Prognosis remains guarded long-term with risk for recurrent CHF, development of malignant arrhythmias and/or sudden death in the future.

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These findings would suggest clinical changes at home are unlikely to be cardiac in origin. The TR velocity reflects borderline pulmonary pressures which in an asthmatic patient should be monitored for progression going forward; however, this is considered normal at this time.

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RECOMMENDATIONS

- Continue Enalapril as prescribed.
- Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.
- 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 (glycopyrrolate, atropine). Avoid vasodilators as this may worsen an outflow obstruction (if present). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

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PLAN

- A recheck echocardiogram is recommended every 6-12 months to assess for progression, sooner if issues arise in the interim.

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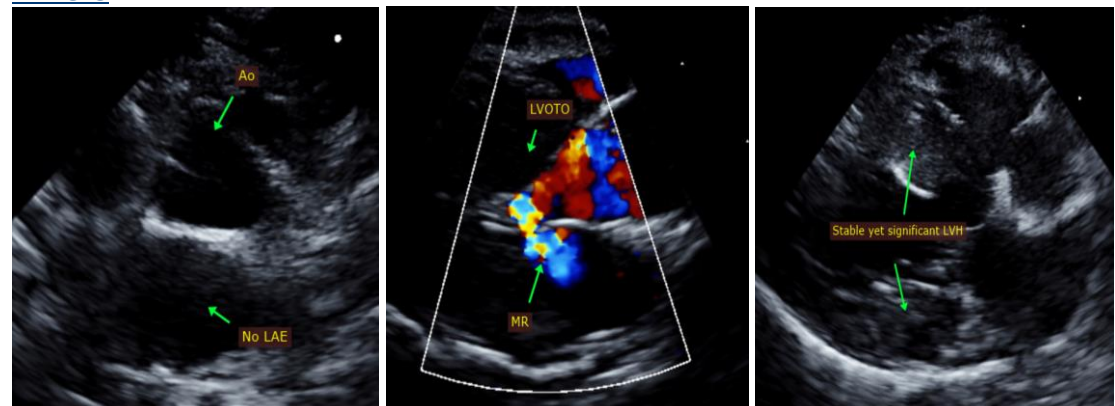
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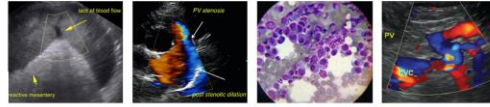
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IMAGES





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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.

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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.

BREED
DSH

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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