

PATIENT

Oreo Dum

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

8 years

WEIGHT

13.9lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jennifer Todd, DVM

HOSPITAL NAME

Lambs Gap Animal Hospital

REFERRING VET

Dr. Todd

INVOICE

26015

DATE

8/25/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade II/VI systolic heart murmur and gallop rhythm.
-Current medications: Clopidogrel 18.75mg PO SID, Pimobendan 1.25mg PO BID, and Lasix 6.25mg PO BID.
BP: 101/74, 111/75, 111/73mmHg.
-Pertinent previous echo findings (2/2022 MML): Irregular LV. IVSd: 0.85, LVWd: 0.77, FS: 35%, LA: 1.9.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 10mm/mV. The underlying rhythm is sinus in origin with an average heart rate of 180bpm. P for every QRS complex and vice versa. The P morphology is positive. The QRS is inverted and wide. Tachyarrhythmias are seen throughout; rule out ventricular versus supraventricular origin. Brief run of malignant tachycardia; heart rate 300bpm. ECG diagnosis: Sinus tachycardia with malignant tachyarrhythmias.

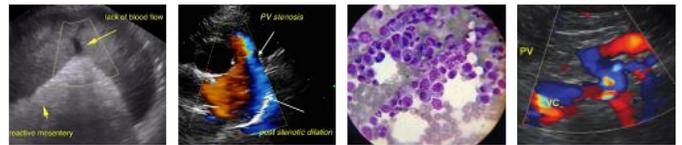
ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is highly irregular with basilar thickening and contrasting apical thinning. The LV function is depressed. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is moderate papillary muscle hypertrophy and remodeling. The left atrium is markedly enlarged with significant intra-atrial smoke. The right atrium is mildly enlarged. The right ventricle is mildly affected. The mitral valve is normal with normal mobility. No evidence of systolic anterior motion. No mitral regurgitation present. There is no aortic insufficiency. Blood flow through both the LVOT and RVOT are normal in velocity. There is no tricuspid regurgitation present. No pericardial or pleural effusion is visualized.

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	6.3	NM	0.82	1.5	0.6	40	75
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE <small>(Swe) (Abbott)</small>	LA 2D short axis Base view <small>(cm) (Abbott)</small>	LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	2.4	2.5	2.2	0.4	0.6	NM	

**Note: All measurements based upon multi-modal images and methods. An average value is reported.
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.*



PATIENT

Oreo Dum

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

8 years

WEIGHT

13.9lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jennifer Todd, DVM

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Todd

INVOICE

26015

DATE

8/25/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) persists as documented on previous exams. Compared to the prior study, there is continued progression in LA enlargement with development of significant smoke. The right also appears mildly enlarged as well. No additional structural changes are noted.

Of much greater concern, the ECG shows tachyarrhythmias which have not been seen previously. These are most consistent with VT; however, a six-lead tracing is recommended to confirm. The patient already has a wide-morphology sinus complex that has been documented previously which complicates evaluation. Consider referral for six-lead evaluation and potentially hospitalization for conversion depending on the findings. If this is declined, recommend cautious institution of Atenolol as below. There is some risk in this approach as Atenolol can further decrease systolic function and close monitoring at home for any clinical issues is advised.

Given that the patient is asymptomatic at home, no additional medication changes are indicated at this time. Can consider addition of Spironolactone if the patient is easily medicated for potential long-term benefit.

Prognosis is poor and the patient is at high risk for CHF, malignant arrhythmias, blood clot events and/or sudden death going forward. It is encouraging that he continues to do well despite these findings.

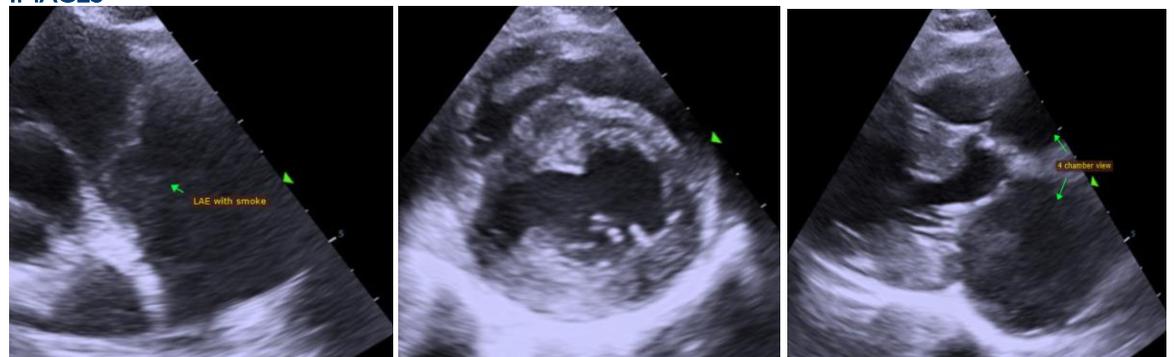
Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). Avoid anesthesia, steroids or fluid therapy.

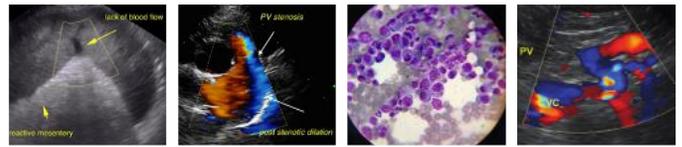
PLAN

Continue Lasix, Pimobendan and Plavix as prescribed. If patient is easily medicated, consider addition of Spironolactone 6.25mg PO q12h. Consider referral for a six-lead tracing and advanced arrhythmia evaluation. If declined, cautious use of Atenolol is recommended: 25mg tablets; Give ¼ tab PO q24h. Reassess ECG in 3-5 days, sooner if any decline in the interim.

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if clinical signs arise.

IMAGES





PATIENT

Oreo Dum

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

8 years

WEIGHT

13.9lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Jennifer Todd, DVM

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Todd

INVOICE

26015

DATE

8/25/22



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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com