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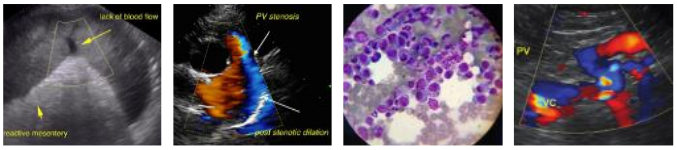


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Ben Moloughney

SPECIES
Feline

BREED
DMH

SEX
Male Neutered

AGE
6.5 years

WEIGHT
16.9lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Brian Barnes, DVM

HOSPITAL NAME
Westview Veterinary Hospital

REFERRING VET
Dr. Barnes

INVOICE
20807

DATE
8/30/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well. History of HOCM (moderate to severe). Grade 2-3 AV murmur, PMI Left Hemithorax. No tachycardia noted. BP: 140mmHg.
-Current medications: Atenolol 6.25mg SID.
-Pertinent previous echo findings (2/2021 MML): Moderate to severe LVH, mild LAE, SAM with moderate MR. IVSd: 0.5, LVWd: 1.0, LA: 1.35.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderate to severely hypertrophied with a normal internal chamber. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy. 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. There is systolic anterior motion (SAM) of the mitral valve present, with an elevated LVOT velocity (dynamic profile). There is moderate eccentric mitral regurgitation present secondary to SAM. Elevated MR velocity. Trace TR. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated.

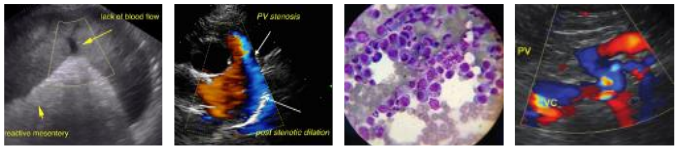
CARDIAC CHART

FELINE CARDIAC PARAMETERS	**BODY WEIGHT** (kg)	**HR** (BPM)	**IVSd** (cm) (Moise, Pipers)	**LVIDd** (cm) (Moise, Pipers)	**LVWd** (cm) (Moise, Pipers)	**FS** (%)	**EF** (%)
NORMAL PARAMETER	------	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	7.65	NM	0.8	1.35	0.9	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	1.5	1.5	1.5		2.0	1.5	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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic obstructive cardiomyopathy persists, largely unchanged. The LV hypertrophy is similar to the previous study with a persistent LVOTO (not captured on Spectral). What is most concerning is the heart rate remains significantly elevated (not measured on exam) and highly recommend reassess need for increased Atenolol. No additional issues are identified, and the LA dimension remains mildly dilated.



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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 the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. 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.

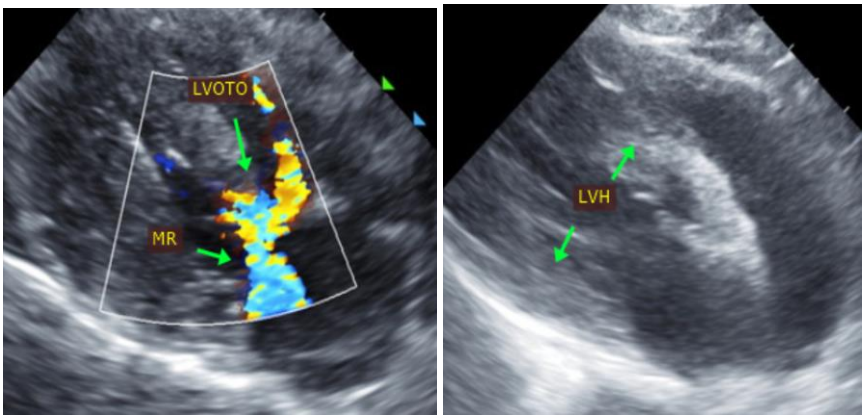
Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

PLAN

Monitor BP/T4 every 6-12 months. Consider a dose increase in Atenolol pending baseline HR measurement; target heart rate stressed/in hospital is 140-160bpm.

Recommend recheck echocardiogram in 6 months 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.

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