


PATIENT

Tater Rice

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

15 years

WEIGHT

11.3lbs; 5.12kgs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

 Loetitia St-Jacques,
 LVT/RVT

HOSPITAL NAME

 VCA Feline Animal
 Hospital

REFERRING VET

Dr. Fleming

INVOICE

32240

DATE

8/8/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 3/6 heart murmur. CKD.

-Current medications: Bilaterally Diet: renal Med: Tumul K q24h, Amlodipine 0.625mg PO q24h.

-Pertinent previous echo findings (10/2021 MML): Mild LVH, no LAE, IVSd: 0.62, LVWd: 0.64. SHT noted at that time.

-Abnormal PE/Chem/CBC/UA Results: BUN 58, Creatinine 4.4, USG 1014

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with mild hypertrophy overall. 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. Elevated RVOT velocity with a dynamic profile. No TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. Trace 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	5.1	214	0.62	1.5	0.62	48	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 <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	NM	1.6	1.55	1.1	2.2	NM	
<i>*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.</i>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) persists with evidence of progression. Previous mild LV hypertrophy is unchanged; however, the LA dimension is now mildly enlarged. The murmur appears to benign in origin, secondary to a dynamic RVOT obstruction. This is common with volume depletion as is seen with CKD. No additional issues are identified.

Even with mild progression seen here, mild LA enlargement suggests the risk for complication is low. No medications are indicated at this time.

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).



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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

Reassess blood pressure as discussed. BP and T4 are recommended every 6 months lifelong.

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

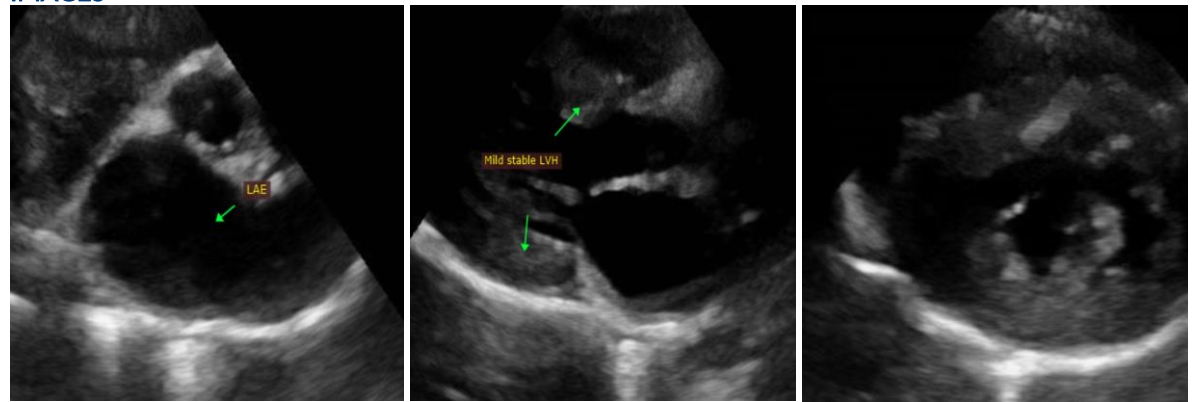
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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.

IMAGING PERFORMED BY

Loetitia St-Jacques,
LVT/RVT

Maggie Machen Lamy, DVM
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