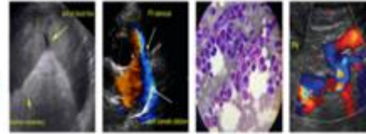
Mass Veterinary Services



SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Chimp Laplante

SPECIES
Feline

BREED
DMH

SEX
Male Neutered

AGE
16 years

WEIGHT
7.56lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
25670

DATE
8/9/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HCM, with last echo on 1/19/22 showing progression from the prior study from 7/13/21 (MML). Currently, Chimp's appetite has declined a bit and he has lost some weight (on a kidney diet). History hyperthyroidism - last thyroid level was low in June. On exam: Grade III/VI murmur; normal lung fields clear. BP: 170 mmHg x 5. Current medications: 1) Methimazole/felimazole/tapazole transdermal 7.5mg/0.1ml 0.1ml to ear twice a day 2) K/D or NF diet *No sedation for study.
-Pertinent previous echo findings (1/19/22 Meghan Allen, DVM, DACVIM-Cardiology): LA 1.60 cm; LA:Ao 1.23; IVS 0.81 cm; PW 0.72 cm LVOT 1.62 m/s; normal LA size; moderate LVH with prominent septal bulge.

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 average heart rate is 220bpm with a largely rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. A single VPC is identified. No supraventricular premature beats, pauses or other dysrhythmias observed.
ECG diagnosis: Normal sinus tachycardia with a single VPC.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thickness is asymmetric with a prominent septal bulge. The overall hypertrophy is moderate with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied. False tendon.
Left atrium: The left atrium is minimally enlarged. No obvious spontaneous contrast or thrombi seen.
Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No MR.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Mild aortic insufficiency.
Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.
Right atrium: The right atrium is normal in dimension.
Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

2-Dimensional Measurements

Measurement	Value
Ao diam (cm)	1.4
LA diam (cm)	1.4
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.75
LVID diastole (cm)	1.4
PW thickness (cm)	0.60
LVID systole (cm)	0.4
FS (%)	70

Doppler Measurements

Measurement	Value
PV Vmax (m/s)	1.5
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

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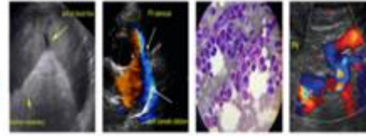

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INTERPRETATION OF THE FINDINGS

HCM persists with evidence of stability compared to the prior study. Moderate LVH is similar to what is reported in January without significant progression. Additionally, the LA dimension remains minimally enlarged. No obvious additional issues are identified at this time.

Given these findings, no medications remain indicated. Continue blood pressure monitoring is advised. The recorded BP is mildly elevated for a cat in hospital and should be monitored for persistence and need for medication.

The ECG shows a sinus tachycardia with a single VPC. In a patient with LV hypertrophy and a stressful event, this is not unexpected. A single abnormality does not warrant therapy and simple follow up is advised.

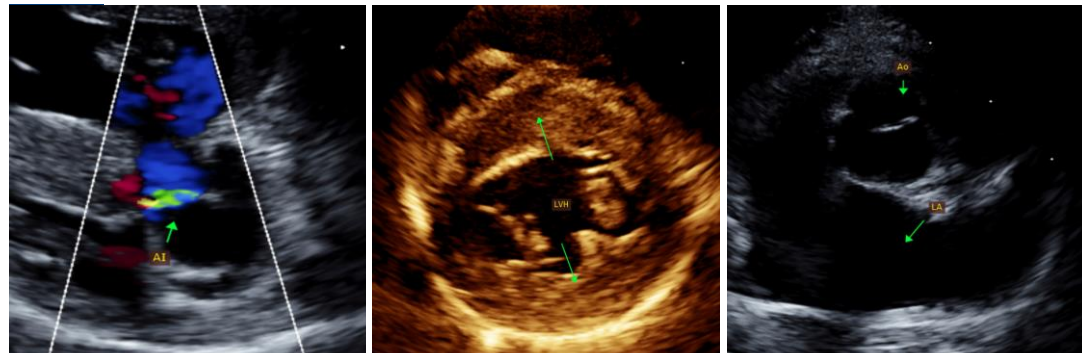
RECOMMENDATIONS

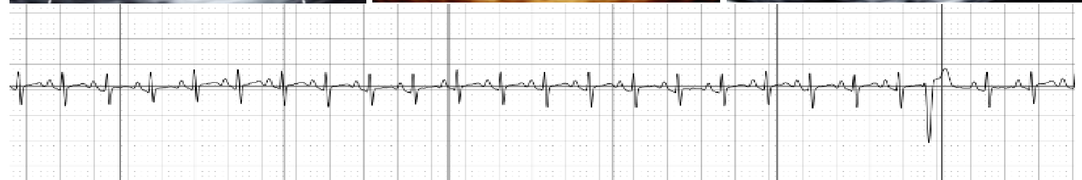
- Given these findings, no medications are indicated.
- Monitor BP and T4 every 6 months.
- Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). 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 low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

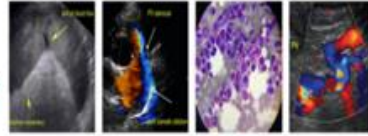
PLAN

- Recommend recheck echocardiogram in 6-12 months to screen for progression, sooner if any clinical signs arise in the interim.

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.

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

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