



PATIENT

Hunter Fowler

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

15.5 years

WEIGHT

18.5lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Eastgate Veterinary
 Clinic

REFERRING VET

Dr. Lantz

INVOICE

25675

DATE

8/9/22

PRESENTING CLINICAL SIGNS

History: History of dental disease and managing hyperthyroidism. Overweight. Need a dental procedure, assessing heart health first. No murmur or arrhythmia noted on exam in 6/22.
 -Current Medications methimazole 2.5mg po bid, NOT given this AM since patient was fasted Primary
 -Abnormal PE/Chem/CBC/UA Results: Slightly elevated ProBNP in 6/2020 and 6/2021. Not checked this year. This year's annual lab work wnl, except na/k ratio of 31, clumping platelet w/ platelets of 130×10^3 , but estimate adequate, mild proteinuria and elevated pH. Thyroid levels wnl.

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; 50mm/s, 20mm/mV. The average heart rate is 170bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.
 ECG diagnosis: Normal sinus rhythm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with moderate hypertrophy. Adequate systolic function. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled and mildly hypertrophied. The mitral valve is normal with mild MR. The left atrium is moderately dilated and bulbous in appearance with a horizontal component. No obvious smoke. The right atrium is normal. Tricuspid valve is normal with no TR. The right ventricle appears normal. The LVOT and RVOT are normal in velocity; however, the RVOT profile is dynamic. No aortic insufficiency. No pericardial effusion seen. No pleural effusion. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	8.4	173	0.73	1.5	0.74	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	1.9	1.8	1.8		0.94	0.9	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.*



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HCM is a rule out diagnosis once hypertension and hyperthyroid disease have been ruled out. While hypertension should be considered, assuming the thyroid has been chronic well controlled this is likely unrelated. Regardless, moderate left atrial enlargement is present in addition to significant LV hypertrophy. No obvious additional issues are identified and the ECG is unremarkable.

Given the finding of left atrial dilation, there is risk for progression in the future and medications can be considered for theoretic benefit. It is important to note that no medications have been shown to change outcome at this stage of disease. Pending blood pressure measurement >130mmHg, an ACE-I would be reasonable. Additionally, Plavix may be reasonable given atrial dilation to help decrease the risk of a blood clot event in the future. If there is difficulty or reluctance to medicate at home, simple monitoring would be an alternative approach. Discussion with the owner is advised.

The long-term prognosis is guarded given the degree of disease seen here. There will always remain risk for progression to CHF and development of blood clots and/or sudden death in the future. Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

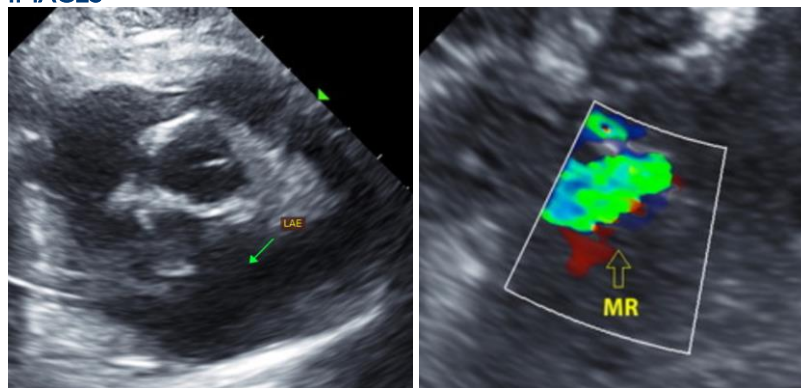
Anesthetic risk is considered moderate, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

PLAN

Screening BP and T4 are recommended every 6 months. If elect to medicate, oral medications are as follows: Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Institute ACE-I 0.5mg/kg PO q12h.

A recheck echocardiogram is recommended in 6 months to assess progression.

IMAGES





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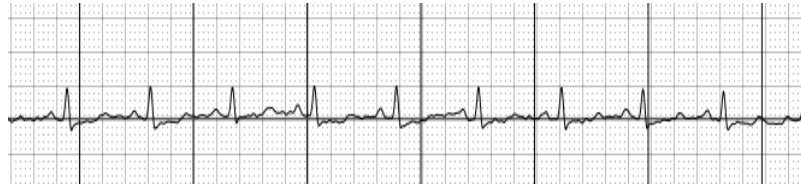
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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