


PATIENT

Jenkins Conn

SPECIES

Feline

BREED

Abyssinian

SEX

Male Neutered

AGE

11 years

WEIGHT

10.68lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

PRESENTING CLINICAL SIGNS

History: Presented for non-regenerative anemia in January 2022. Presented in August for weight loss and lethargy. Mild azotemia. Heart murmur. Suspect Feline Hyperaldosteronism with CKD. BP 154mmHg. T4 normal.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension with a decreased chamber size. 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 no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Trace TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No 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) (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	4.8	150	0.66	1.4	0.66	50	84
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	1.1	1.1	1.1		1.1	0.85	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.

HOSPITAL NAME

 Martindale Animal
 Clinic

REFERRING VET

Dr. Gallienne

INVOICE

26151

DATE

9/1/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both have been considered in this case, making primary changes likely. That being said, both anemia and CKD are noted, and volume depletion can certainly contribute to the LV appearance. Follow up is advised once the patient is hemodynamically stabilized. Regardless, the degree of disease is mild, with only mild LVH and no LA dilation. This would indicate the risk for clinical issues is low at this time. No cause for the murmur is identified and it is suspected to be secondary to blood volume depletion. No additional issues are identified.

No medications are indicated prior to significant atrial dilation. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM.



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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). 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.

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PLAN

A screening blood pressure and T4 are recommended every 6 months lifelong.

SEX

Male Neutered

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

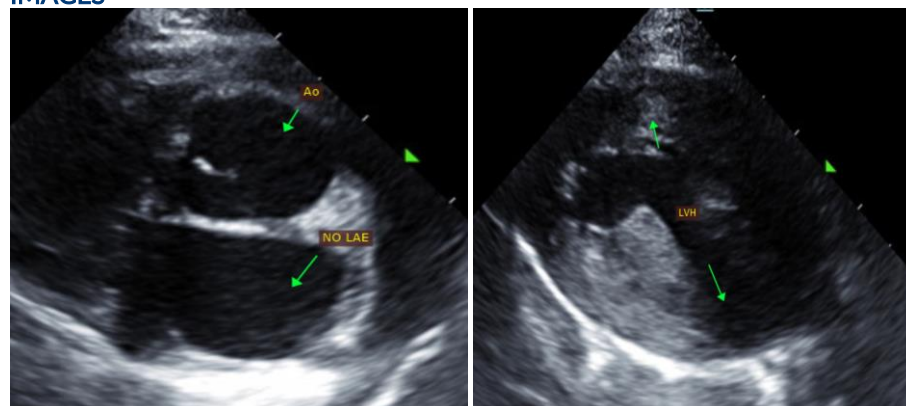
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IMAGES



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Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

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.

IMAGING PERFORMED BY

Crystal Hill, RVT

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.

HOSPITAL NAME

Martindale Animal
Clinic

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info@sonopath.com

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