



PATIENT

Cranberry (Simba)
SPCA

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

2 years

WEIGHT

15.9lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Brian Barnes, DVM

HOSPITAL NAME

Westview Veterinary
Hospital

REFERRING VET

Dr. Barnes

INVOICE

21004

DATE

9/14/21

PRESENTING CLINICAL SIGNS

History: Rescan echo. Grade 3/6 heart murmur. Referral as suggested was not possible.
-Abnormal PE/Chem/CBC/UA Results: History of increased ProBNP.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension with slight progression comparatively. The anterior leaflet of the mitral valve is thickened and elongated with abnormal motion consistent with dysplasia. No obvious evidence of stenosis. Anterior motion is suspected although the aortic outflow is not assessed. Mild eccentric MR. The LV diameter is normal. Mild papillary muscle remodeling. Images are consistent with a restrictive perimembranous VSD, although not visualized on 2D imaging; color flow and Spectral doppler are strongly supportive, max velocity: >5.0m/s with left to right flow. Mild left atrium enlargement is identified. The right atrium appears normal in size. The right ventricle appears mildly thickened. There is no tricuspid regurgitation present. Blood flow through the RVOT is mildly elevated in velocity, most consistent with relative PS. The PV is not well visualized. No evidence of cardiac tumors or metastatic lesions on this scan.

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	7.23	NM	0.65	1.45	0.65	50	85
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		NM	3.0	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Complex congenital heart disease persists. The suspicion of a VSD is essentially confirmed in this image set with high velocity left to right flow. This is likely leading to mild left atrial enlargement and relative pulmonic stenosis. The mitral valve does appear abnormal with a suspicion for systolic anterior motion although not entirely confirmed. This would help explain mild LV hypertrophy which is slightly progressed. As mentioned previously, complex disease does warrant referral although in a rescue situation it is understandable if this is not a possibility.

Going forward it is reasonable to consider Atenolol in this patient due to mild LVH and mild left atrial enlargement. This is independent of the VSD, which does not clearly warrant therapy at this time (no proven treatment in an asymptomatic cat with mild LAE). No obvious indication for additional medications at this time; however, close monitoring for clinical signs is advised. Prognosis is guarded long-term.



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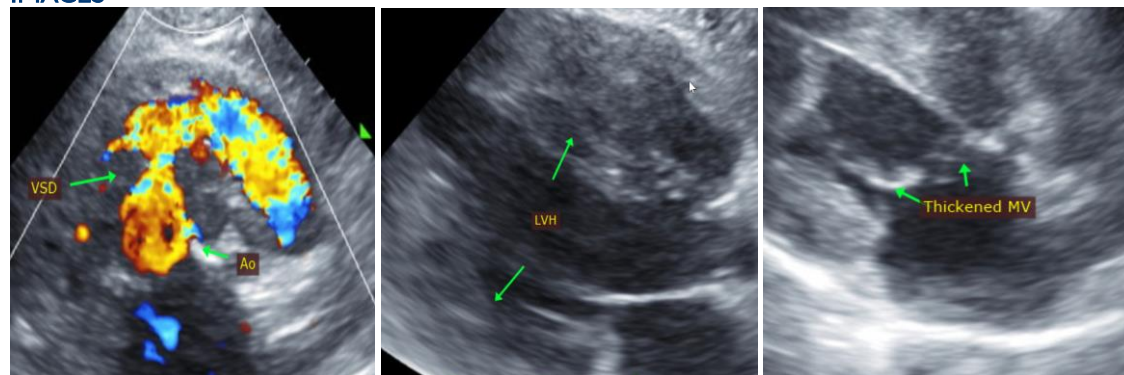
Monitor at home for any respiratory signs, symptoms of a blood clot (neurologic change, paralysis, etc.), or exercise intolerance. Anesthetic risk is considered moderately elevated if a neuter is necessary, and fluid should not be administered unless necessary. Additionally, drugs that stimulate heart rate should be avoided (glycopyrrolate, atropine), and significant vasodilation avoided.

PLAN

Consider referral in this complicated case. If declined, consider institute Atenolol 25mg tablets; Give ¼ tab once daily. Recheck heart rate in 1-2 weeks with target stressed rate of 140-160bpm 12-24 hours post-administration. Increase as needed until target reached.

Recommend recheck echocardiogram in 6 months, 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
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