



PATIENT

Reeses O'Connor

PRESENTING CLINICAL SIGNS

History: New grade III/VI systolic heart murmur. Abnormal ProBNP. No clinical signs. BP: 130mmHg.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

BREED

DSH

Left ventricle: The LV chamber is normal with adequate myocardial function. The LV wall thicknesses are mildly increased. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are moderately hypertrophied and hyperechoic. The endocardium appears mildly remodeled.

SEX

Female Spayed

Left atrium: The left atrium is normal.

Mitral valve: The anterior leaflet of the mitral valve appears mildly thickened. Systolic anterior motion is seen on 2D imaging. Moderate eccentric MR.

AGE

4 years

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mild to moderately increased aortic outflow velocity with a dynamic profile. No aortic insufficiency.

WEIGHT

8lbs

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 no tricuspid regurgitation.

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. The RVOT velocity is mildly increased with a dynamic profile.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 230bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.1
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.51
LVID diastole (cm)	1.2
PW thickness (cm)	0.53
LVID systole (cm)	0.4
FS (%)	70

Doppler Measurements

PV Vmax (m/s)	1.9
AoV Vmax (m/s)	2.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Chase Veterinary
Clinic

INTERPRETATION OF THE FINDINGS

The diagnosis and cause of the murmur is hypertrophic obstructive cardiomyopathy (HOCM). This indicates some degree of LV thickening (mild in this case) with a dynamic LVOT obstruction (SAM). The MV is mildly thickened, which may suggest a valvular component. Regardless, there is no left atrial dilation, indicating the risk for progression to spontaneous CHF and/or a thrombotic event is currently low. There is also a dynamic RVOT obstruction, which in comparison is considered benign but may contribute to murmur intensity. No additional issues are identified.

REFERRING VET

Dr. Cafferella

INVOICE

26416

DATE

9/16/22

While no medications have been shown to definitively alter long term outcome at this stage of disease, atenolol is often initiated to decrease the outflow obstruction. This is recommended in this case given these findings and a relatively young cat. Prognosis is



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guarded, although highly variable at this stage of disease. Patient may be risk for progression to CHF, development of blood clots and/or sudden death in the future.

SPECIES
 Feline

RECOMMENDATIONS

- If able, administer titrating dose of 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.
- Screening BP/T4 if not recently performed.

BREED
 DSH

- Anesthetic risk is considered mildly elevated, with high risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor.

SEX
 Female Spayed

- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

AGE
 4 years

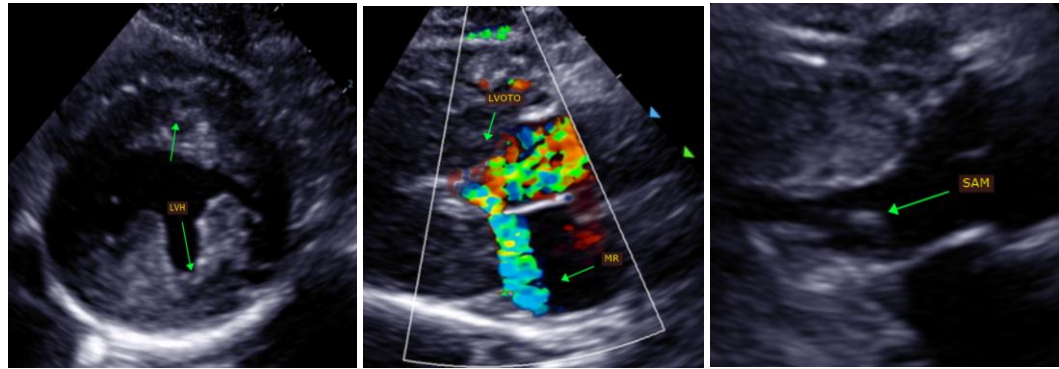
PLAN

- Recommend recheck echocardiogram in 6 months to assess rate of progression, sooner if any issues arise in the interim.

WEIGHT
 8lbs

IMAGES

INTERPRETED BY
 Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)



IMAGING PERFORMED BY
 Pamela Harrigan,
 RDMS

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.

HOSPITAL NAME
 Chase Veterinary
 Clinic

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.

REFERRING VET
 Dr. Cafferella

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