



**PATIENT**

Dorian Schifano

**SPECIES**

Feline

**BREED**

Russian Blue

**SEX**

Male Neutered

**AGE**

16 years

**WEIGHT**

12.7lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

T. Tenorio, DVM

**PRESENTING CLINICAL SIGNS**

History: Pet recently diagnosed with grade 3/6 heart murmur. Average systolic blood pressure 209mmHg. Pet actively blind. Screening for HCM, treatment recommendations.

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only. Borderline cardiomegaly, VHS: 8.0. No obvious evidence of CHF.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately increased in dimension. There are regions of focal hyperechoic endocardium consistent with fibrosis. The endocardium appears mildly remodeled. False tendon. Mild papillary muscle hypertrophy. No LV dilation. Intact systolic function. The left atrium is normal in size. The right atrium is normal in size. No TR. The right ventricle appears normal. The mitral valve is normal in structure and mobility, no MR. No AI or PI. Blood flow through the RVOT is normal in velocity. No effusions or 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	5.8	NM	0.75	1.35	0.69	47	82
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		NM	1.1	NM
<p>*Note: All measurements based upon multi-modal images and methods. An average value is reported. Adapted from June Boon, Veterinary Echocardiography, 1998 Abbott J &amp; 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>							

**HOSPITAL NAME**

Wauwatosa Vet

**REFERRING VET**

Dr. Haynes

**INVOICE**

21106

**DATE**

9/20/21

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. In this hypertensive patient, the finding of LV hypertrophy may represent either primary HCM and/or secondary to hypertension. Reassessing the LV dimensions after 6 months of normotension will decipher the exact origin and determine degree of persistent underlying disease. Additionally screening for PLN is recommended as a possible underlying issue that may require ancillary therapy with an ACEI.

Regardless of definitive underlying etiology, the left atrial dimension is normal in this study indicating the risk for clinical issues is low. Vasodilator therapy with Amlodipine is warranted as below and up-titrate to effect. Consider consultation with an IM specialist if difficult to manage.

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).



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If needed, anesthetic risk is considered mild from a cardiac perspective, 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).

**SPECIES**

Feline

**PLAN**

Institute amlodipine to effect with reassessment of BP in 1-2 weeks, 12-24 hours post-pill administration and up-titrate as needed. Target is BP <150mmHg in hospital. Once BP is controlled, assess for proteinuria and need for ancillary ACEI therapy. Consider IM consultation.

**BREED**

Russian Blue

A recheck echocardiogram is recommended in 6 months once normotensive to assess for progression/regression.

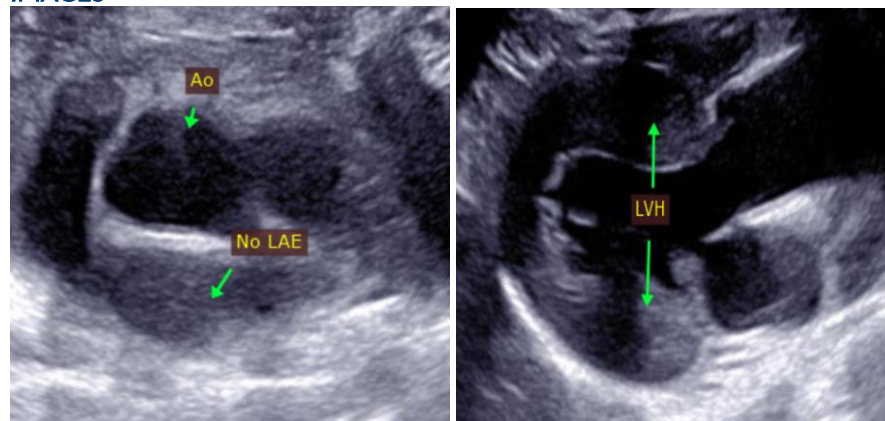
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**IMAGING PERFORMED BY**

T. Tenorio, DVM

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**

Wauwatosa Vet

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
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