



PATIENT

Oliver Hattan

PRESENTING CLINICAL SIGNS

History: Elevated cardiopet BNP (416) noted on geriatric screen.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are mildly increased. There is a diffusely hyperechoic endocardium consistent with fibrosis. False tendon. Mild papillary muscle hypertrophy.

BREED

DSH

Left atrium: The left atrium is normal. No obvious spontaneous contrast or thrombi seen.

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No MR.

SEX

Male Neutered

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

AGE

13 years

Right atrium: The right atrium is normal in dimension.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 180bpm.

WEIGHT

8lbs

2-Dimensional Measurements

Doppler Measurements

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

Ao diam (cm)	1.0
LA diam (cm)	1.2
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.60
LVID diastole (cm)	1.04
PW thickness (cm)	0.62
LVID systole (cm)	0.55
FS (%)	47

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

HCM is a rule out diagnosis, once hypertension and hyperthyroid disease are ruled out. Both should be considered in this case if not recently assessed. Regardless, the degree of disease is mild, with mild LVH and no LA dilation.

HOSPITAL NAME

Foster Veterinary
Clinic

Prognosis is guarded, due to the highly variable rates of progression with subclinical feline cardiomyopathy.

REFERRING VET

Dr. Hattan

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Monitor BP and T4 every 6 months.
- Anesthetic risk is considered mild, 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). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

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DATE

9/20/21



PATIENT
 Oliver Hattan

- Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

SPECIES
 Feline

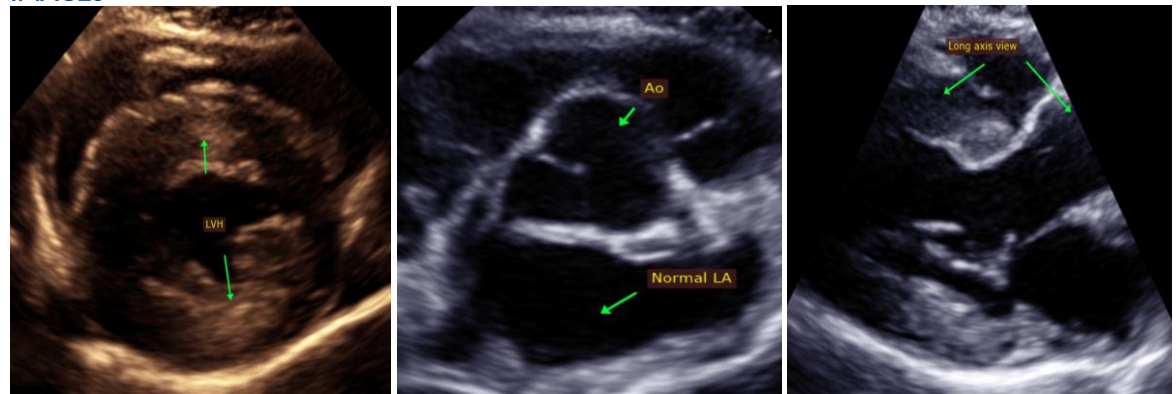
PLAN

- Recommend recheck echocardiogram in 6 months to screen for progression, sooner if any clinical signs arise in the interim.

BREED
 DSH

IMAGES

SEX
 Male Neutered



AGE
 13 years

WEIGHT
 8lbs

INTERPRETED BY

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.

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

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.

IMAGING PERFORMED BY

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Pamela Harrigan,
 RDCS

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