



PATIENT

Scuttle Ferandes

SPECIES

Feline

BREED

Domestic Short Hair

SEX

MN

AGE

2015

WEIGHT

11lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Hickory Veterinary
Hospital

REFERRING VET

Dr. Silcox

INVOICE

21144

DATE

9/21/21

PRESENTING CLINICAL SIGNS

History: Owner was concerned about recent weight loss, 3lbs in 1 year. New heart murmur (Grade II/VI) discovered at exam on 9/8/2021. Labs showed a low albumin and high ProBNP.

-Pertinent abnormal PE/Chem/CBC/UA Results: ProBNP > 1500, ALB = 2.3 (n= 2.6 to 3.9).

-Current medications: Panacur 50mg/kg PO once a day x5 days to treat roundworms.

-Sedation used: Not needed.

-STAT: Not requested.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderate to severely hypertrophied with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. Moderate left atrial dilation, no spontaneous contrast. No right atrial enlargement present. Normal RVOT velocity. There is moderate systolic anterior motion (SAM) of the mitral valve present, with an elevated LVOT velocity with a dynamic profile. There is mild to moderate eccentric mitral regurgitation present secondary to SAM. Trace TR. Dynamic RVOTO. 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)	LWVd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.0	240	0.77	1.2	075	52	87
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	NM	1.65	1.65		5.0	1.9	NM
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.							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diagnosis is hypertrophic obstructive cardiomyopathy. This indicates some degree of LV hypertrophy (significant in this case) with a dynamic LVOT obstruction (SAM). There is moderate left atrial dilation present, indicating the risk of spontaneous CHF and/or a thrombotic event may be elevated going forward.

While no medications have been shown to definitively alter long term outcome at this stage of disease, it is reasonable to initiate atenolol at this time as below in light of a significant LVOTO and LA dilation. Plavix is also reasonable; however, this can be difficult to administer. Prognosis is guarded with LA dilation, however there is great variability in rates of progression of subclinical cardiomyopathy. A screening BP and T4 are recommended to assess for complicating factors.

Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

Anesthetic risk is elevated if needed, and judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

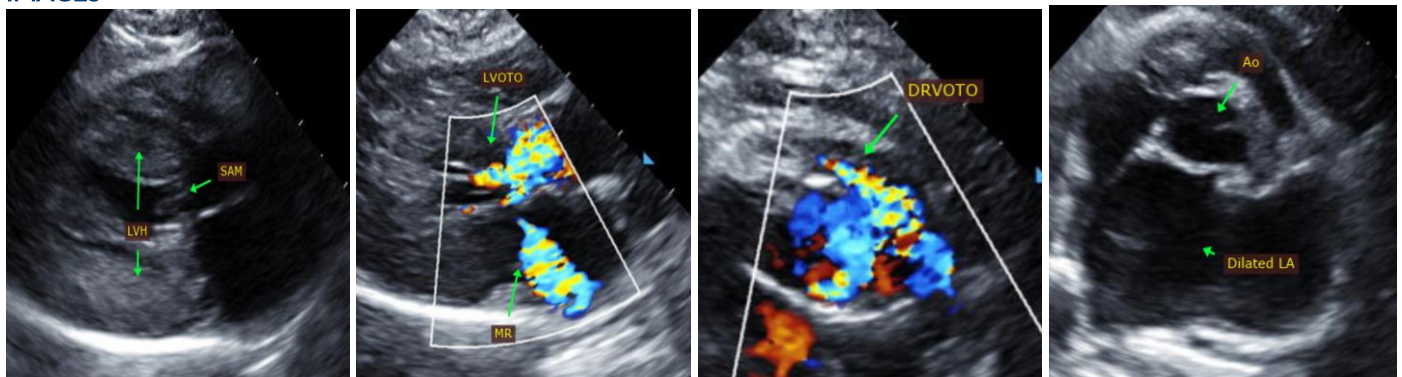
PLAN

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. Consider blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges).

Screening blood pressure and T4 are recommended every 4-6 months.

Recommend recheck echocardiogram in 6 months to assess for progression, 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.

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