

PATIENT PRESENTING CLINICAL SIGNS

Candy Witkop

History: Recheck echo. History HOCM. Current presentation: Candy has been doing well. Good appetite and her activity level remains normal. CV/RESP: NSR, grade III/VI murmur noted best on sternum, PSS, lung fields clear, compressible thorax. BP: 130 mmHg x 5. No medications. *No sedation.

SPECIES

Feline

-Pertinent previous echo findings (5/13/20 MML): LA 1.2 cm; LA:Ao 1.2; IVS 0.63 cm; PW 0.51 cm; LVOT 2.25 m/s; normal LA size; mild, symmetric, LVH.

BREED ECHOCARDIOGRAM FINDINGS

DMH

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

SEX

Female Spayed

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are asymmetric with mild septal thickening. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles appear mildly hypertrophied. False tendon. The endocardium appears mildly remodeled.

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

AGE

14 years

Mitral valve: The mitral valve is normal in structure. Mild systolic anterior motion is seen creating a mild dynamic LVOTO. Mild eccentric mitral regurgitation.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Mild aortic insufficiency.

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

WEIGHT

12.75lbs

Right atrium: The right atrium is normal in dimension.

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

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. RVOT velocity appears increased on color flow; not captured on Doppler.

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 188bpm.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.3
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.66
LVID diastole (cm)	1.3
PW thickness (cm)	0.52
LVID systole (cm)	0.7
FS (%)	47

Doppler Measurements

PV Vmax (m/s)	1.7
AoV Vmax (m/s)	1.86
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

HOSPITAL NAME

Mass Veterinary
Specialty Services

REFERRING VET

Dr. Masloski

INVOICE

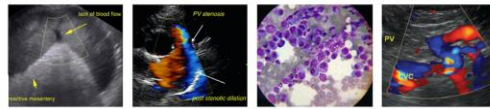
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DATE

9/22/21

INTERPRETATION OF THE FINDINGS

Mild Hypertrophic Obstructive Cardiomyopathy (HOCM) persists without evidence of progression. The wall thickness is asymmetric with a normal posterior wall. The mild LVOTO is unchanged and appears benign overall. Previously noted moderate AI is much less significant today, which is difficult to explain; however, systemic pressures are normal. No additional issues are identified, and the risk for associated clinical signs remains low. Prognosis is guarded, given the highly variable outcomes with subclinical feline cardiomyopathy.



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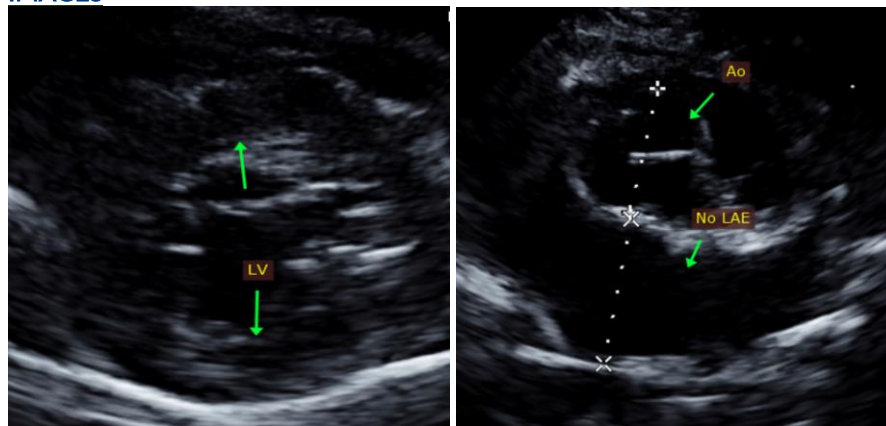
RECOMMENDATIONS

- Given these findings, no medications are indicated. Should the disease progress in the future, atenolol may be considered.
- Monitor BP and T4 every 6 months lifelong.
- Risk for general anesthesia remains low, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- Recommend recheck echocardiogram in 6-12 months to continue to screen for progression.

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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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)