



PATIENT

Mo Gerhart

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

18 years

WEIGHT

10.6lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Perry Hall Animal
Hospital

REFERRING VET

Dr. Baer

INVOICE

21299

DATE

9/30/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. No clinical signs at home, history HCM. PE: Grade 3/6 CM

-Current medications: Clopidogrel 25mg 1/4 tab PO SID

-Sedation used: Sedation not required for scan.

-Pertinent previous ultrasound results: (8-24-2020 MML): HCM, marked LAE. IVSd: 0.65, LVWd: 0.73, FS: 55%, no smoke.

-STAT: Not requested.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at both 25 and 50mm/s; 5mm/mV. The average heart rate is 188bpm with an underlying sinus rhythm. P for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Slightly prolonged PR interval. The QRS morphology is positive with normal dimension. MEA is normal. Frequent single APCs throughout with two isolated VPCs. No pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with premature beats.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetrically hypertrophied with a significantly thickened posterior wall. Extensive remodeling and irregularity of the endocardium. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is moderate papillary muscle hypertrophy and fibrosis. The left atrium is markedly enlarged with significant intraatrial smoke. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is mildly thickened, with normal mobility. Trace MR. No obvious evidence of systolic anterior motion. Trace TR. No pericardial or pleural effusion is visualized.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (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	4.8	NM	0.66	1.36	0.75	62	93
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	2.5	2.0	1.0	1.0	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

Severe yet largely unchanged hypertrophic cardiomyopathy (HCM) persists. The LV wall dimensions are similar to previous studies and the LA dilation unchanged. One difference that is noted is development of intraatrial smoke which dramatically raises the risk for a blood clot event. No additional structural issues are identified at time.

The ECG shows frequent atrial premature contractions (APCs) with occasional VPCs. Neither is surprising in a stressed cat with severe structural disease. Treatment is not warranted given that the patient is doing well at home and no sustained arrhythmias are visualized. It is worth noting that this patient is at high risk for development of rapid atrial fibrillation and monitoring for collapse and/or acute lethargy is advised.

Even with relative stability, this patient remains at exceedingly high risk for complications lifelong including spontaneous CHF, blood clot events, malignant arrhythmias and/or sudden death going forward. No obvious indication for medication adjustments at this time given clinical stability. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home. Lasix was being utilized on the previous study and this should certainly be continued. If the patient is easily medicated other options such as Pimobendan could also be considered; however, given that things are going well at home it is reasonable to wait until clinical changes develop.

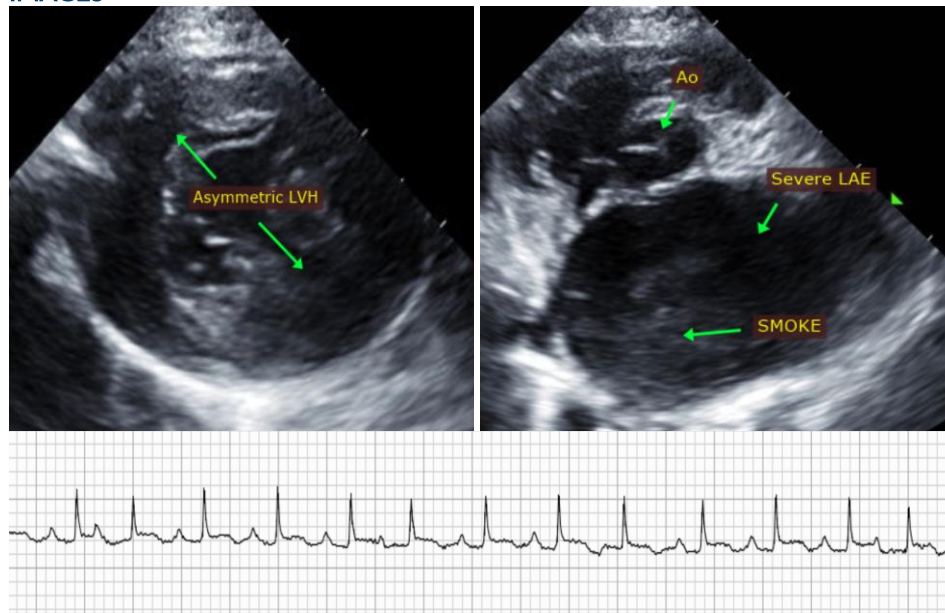
PLAN

Continue Lasix and Plavix as previously prescribed.

Monitor BP and kidney values every 4-6 months lifelong.

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if clinical signs 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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