

PATIENT

52032A Shelter Cat
Charleston Animal

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 yrs

WEIGHT

13 lbs

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

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Diplomate ACVIM
(Small Animal Internal
Medicine)

HOSPITAL NAME

Charleston Animal
Society-

REFERRING VET

Dr. Fuller

INVOICE

92764

DATE

11/1/21

PRESENTING CLINICAL SIGNS

History: 3/6 systolic murmur; abnormal proBNP

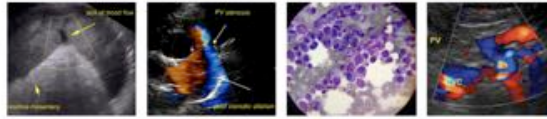
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size and structure with no evidence of “smoke” or thrombi. **Mitral** valve leaflets appeared mildly thickened with some insufficiency noted on Doppler measuring 6.0 m/sec. Concentric hypertrophy was noted in this patient in the **left ventricle** with systolic anterior motion. This is consistent with dynamic obstruction. However, no significant volume overload was noted in the left atrium or left ventricle. The **myocardium** presented essentially normal echogenicity without immediate signs of fibrotic or ischemic disease. **Contractility** of the ventricular walls was considered excessive for this patient evidenced by the elevated fractional shortening measurement. The **left ventricular outflow** tract demonstrated turbulent laminar flow. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. Trivial **tricuspid** insufficiency was noted at 2 m/sec. The **right ventricle** was of normal size with normal chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The **mediastinum** was free of masses in the visible window. Rapid view of the liver to assess for passive congestion was negative; however, duplicated gallbladder was noted. This is not pathological.

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT		NM	0.88	1.0	0.9	55	85
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Sisson)	LA 2D 4-chamber long axis AS to FW (Sisson) (cm)	LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)	
NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3	40-60	
PATIENT	1.1	1.3	1.1	2.0	1.2	NM	
Adapted from June Boon, Veterinary Echocardiography, 1998 Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705							

ULTRASONOGRAPHIC FINDINGS

Compensated left ventricular hypertrophy with dynamic left ventricular outflow obstruction. This is most consistent with hypertrophic cardiomyopathy. Hyperthyroidism and systemic hypertension should be considered as possible complicating issues.



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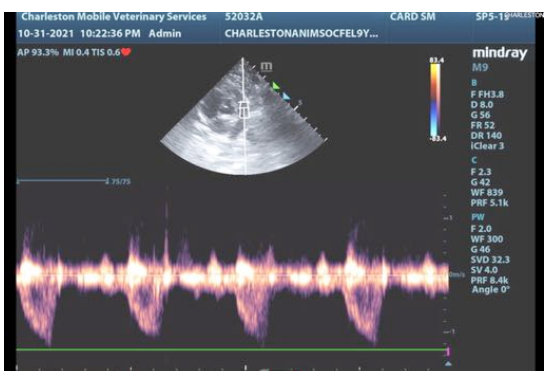
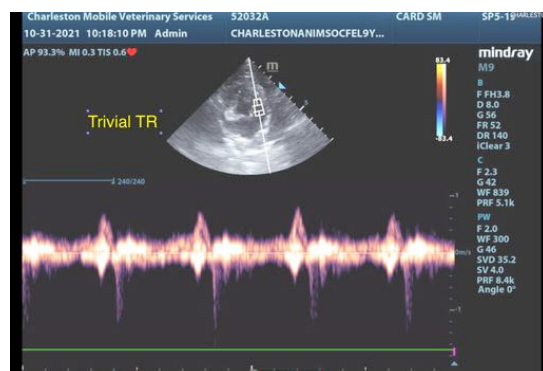
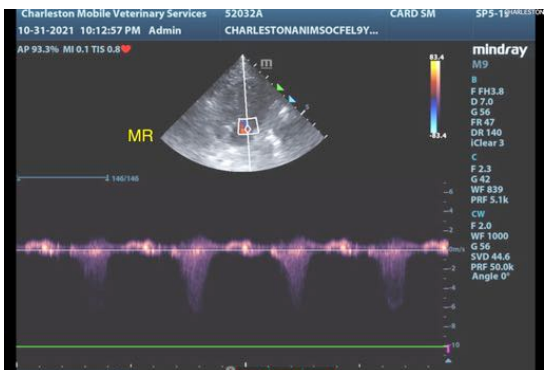
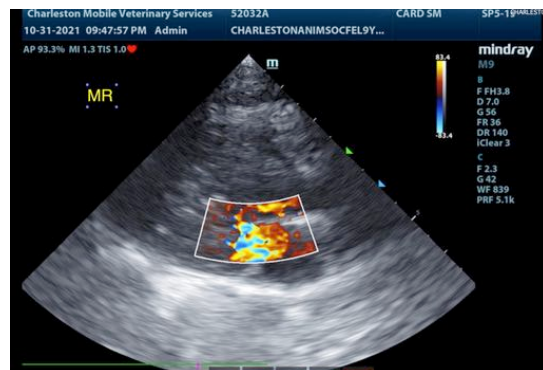
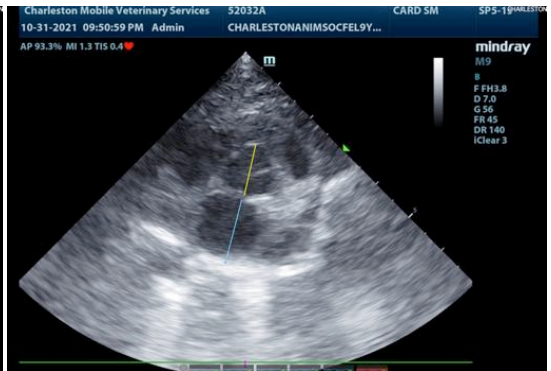
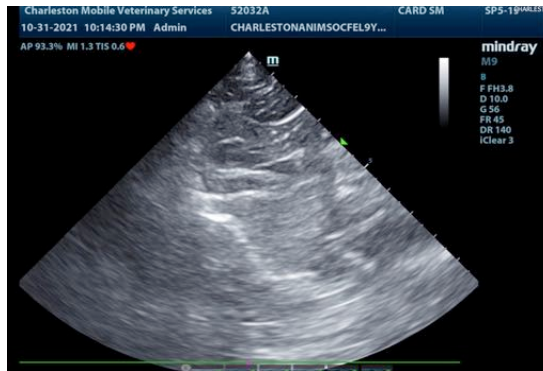
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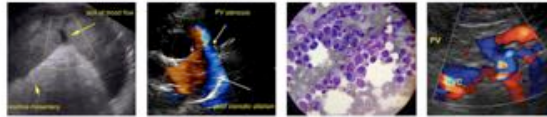
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No therapy is recommended at this time unless the patient presents with exercise intolerance. If exercise intolerance is noted then Atenolol therapy would be warranted at 6.25 -12.5 mg s.i.d. to b.i.d. to reduce basal heart rate less than 200 bpm. Recheck echocardiogram in 6 months. Assessment for hyperthyroidism and hypertension should be done to rule out as influencing factors.





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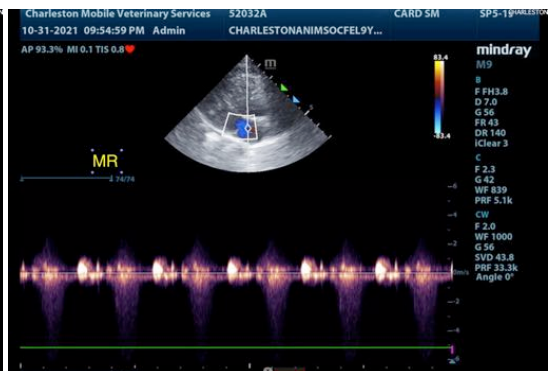
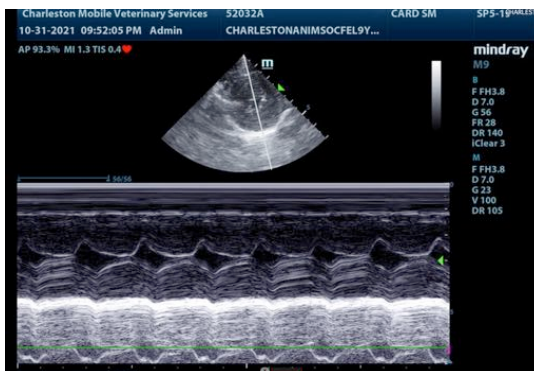
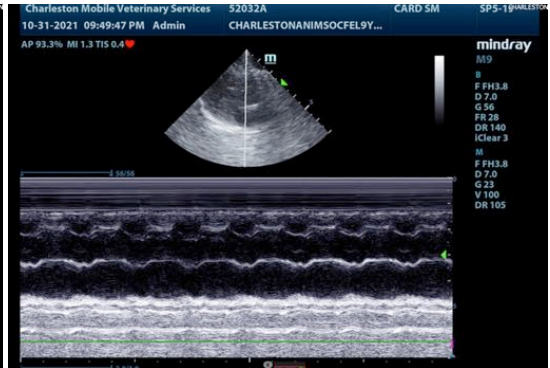
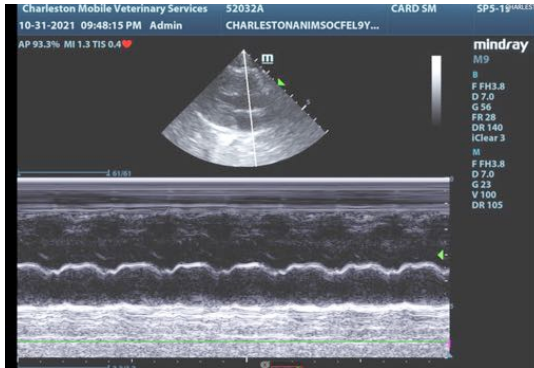
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

Andrea.Nicastro@CharlestonMobile.net