



PATIENT

Macie Mooney

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

16 Years

WEIGHT

10.8 lbs

INTERPRETED BY

Camden Rouben DVM,
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

Macie had a screening proBNP of 261 in July of 2025 and it has increased to 768 this year. Echocardiogram to assess for heart disease and if cardiac medications are warranted. She has a history of hyperthyroidism and is on BID methimazole

Abnormal PE/Chem/CBC/UA Results: Blood pressure: 130 systolic T4 1.2 ug/dL crea 0.9, BUN 24

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	4.9	NM	0.49	1.19	0.73	39.5	--
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber	LVOT VEL. (m/s)	RVOT VEL. (m/s)	LVIDs (m/s)	
NORMAL PARAMETER	<1.5	1.6	0.7-1.7	<1.6	<1.3		
PATIENT	--	1.81	1.29	--	0.98	0.72	
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							

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Dr. Andrea Nason

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Cardiac Presentation

Based off of the images provided, the left atrial size is within normal limits, albeit the LA/AO in short axis is overestimated. The mitral valve leaflets are normal. There's no evidence of mitral regurgitation. There's no evidence of systolic anterior motion of the mitral valve. There's no evidence of left ventricular outflow tract obstruction. There is concentric hypertrophy of the left ventricular free wall. The right atrial size is normal. The tricuspid valve does have evidence of regurgitation. The right ventricle subjectively appears normal in structure and function. The aortic valve and pulmonic valves are normal. There's no evidence of aortic insufficiency. The pulmonic outflow velocities are within normal limits. The aorta appears normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Based off of the images provided, the patient has evidence of hypertrophic cardiomyopathy phenotype stage B1. There is tricuspid regurgitation as well.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Since this patient does have hypertrophic cardiomyopathy phenotype, if not already performed, it is strongly recommended that this patient's blood pressure be assessed. The patient should continue on



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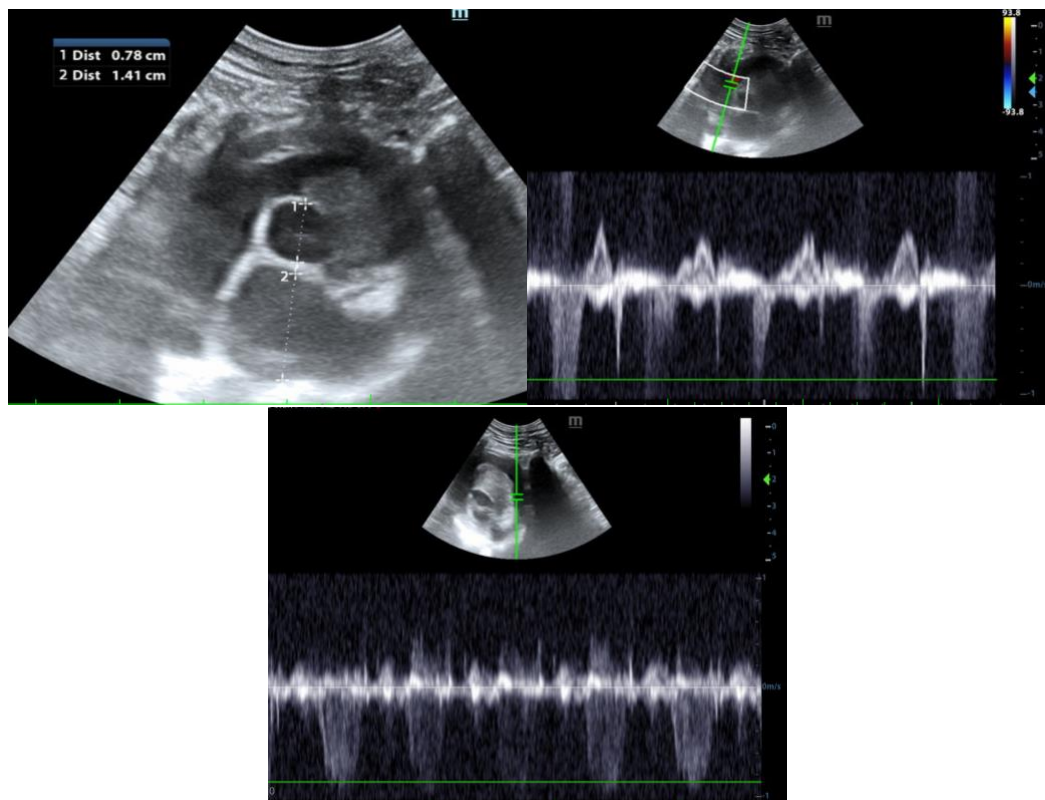
methimazole to manage the thyroid levels. No additional cardiac medications are warranted at this time as this patient is at low risk for complications associated with this condition.

Based off of the images provided, there is concern for an arrhythmia. So, at least a 6-lead EKG should be performed for approximately at least 2 minutes. Since this can be a progressive condition, serial monitoring is recommended.

A recheck echocardiogram is recommended in 6 months, sooner if the patient develops cardiovascular clinical signs. If the client is not already doing so, this patient should be monitored in terms of a resting respiratory rate and effort. The resting respiratory rate should be less than 35-40 breaths per minute when the patient is sleeping or resting. If the breathing rates are increasing, then thoracic radiographs are recommended.

In terms of overall anesthesia, standard perioperative fluid rates should be well tolerated. Medications like dexmedetomidine and other alpha-2 agonists should be best avoided. Ketamine is best avoided. Anticholinergics can be used in the face of a clinically significant bradyarrhythmia as long as the patient doesn't have any other arrhythmias.

Activity restriction is not warranted in this patient.



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



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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.

Camden Rouben DVM, DACVIM (Cardiology)

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