



PATIENT

Harley Roberts

SPECIES

Feline

BREED

DSH

SEX

Female spayed

AGE

4 years

WEIGHT

10 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Meredith Swart

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Dr. Meredith Swart

INVOICE

13026

DATE

1/11/22

PRESENTING CLINICAL SIGNS

History of increased respiratory rate and lethargy over the weekend. Patient was seen over the weekend at the ER and had an abnormal snap bnp. Xrays showed diffuse pulmonary edema but no obvious pericardial effusion on TFAST. P was started on lasix 12.5 mg tabs 1 tab sid. O reports p has been doing much better since starting on lasix.

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		NM	0.65	1.0	0.67	53	87.9
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	--	1.92	1.7	1.1	0.95	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							

Cardiac Presentation

The left ventricular wall was moderately hypertrophied with subjective regional of mild myocardial irregularity. The endocardium exhibited diffuse increased echogenicity, which may indicate areas of ventricular remodeling or potential fibrosis. Papillary muscle hypertrophy was present with concurrent remodeling. The potential for mild right ventricular thickening is possible yet not definitive. Normal overall right ventricular size was present. Mild increased left atrial dimension was present without evidence of spontaneous contrast. The right atrium was subjectively normal. Normal subjective laminar flow was present in the RVOT. Systolic anterior motion (SAM) of the mitral valve was present, yet normal measured LVOT velocity with mild turbulent LVOT flow on color doppler. Mild eccentric mitral insufficiency was present secondary to SAM. No evidence of TR was noted. No other obvious valvular insufficiencies were noted. No evidence of pericardial or pleural effusion or evidence of obvious cardiac tumors was evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hypertrophic obstructive cardiomyopathy



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of subjective mild left atrial enlargement was not overtly consistent with decompensation and secondary cardiogenic pulmonary edema. Potential exceptions to this rule may include an iatrogenic or stress-induced event, which may result in cardiogenic pulmonary edema without evidence of significant left atrial enlargement. Continued lowest effective dose of diuretic is recommended, given the reported positive response and continued monitoring.

Subjectively and based on measured LVOT velocity, the degree of dynamic obstruction secondary to SAM appears to be mild. However, the subjective degree of LV hypertrophy was not overtly consistent with mild dynamic obstruction. Assessment of blood pressure is recommended.

Considerations can be given to starting Atenolol (6.25 mg BID), as this may potentially reduce the severity of SAM. However, in the face of mild left atrium enlargement, there is some risk with this medication as its negative inotropic properties could potentially make it easier for a patient to progress into CHF. While Harley's disease appears to be well compensated at this time, consideration of this possible risk is warranted. Therefore, continued monitoring with as-needed diuretic therapy would be appropriate. No indication for anti-thrombotic medications at this time. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs compatible with cardiac dysfunction develop.

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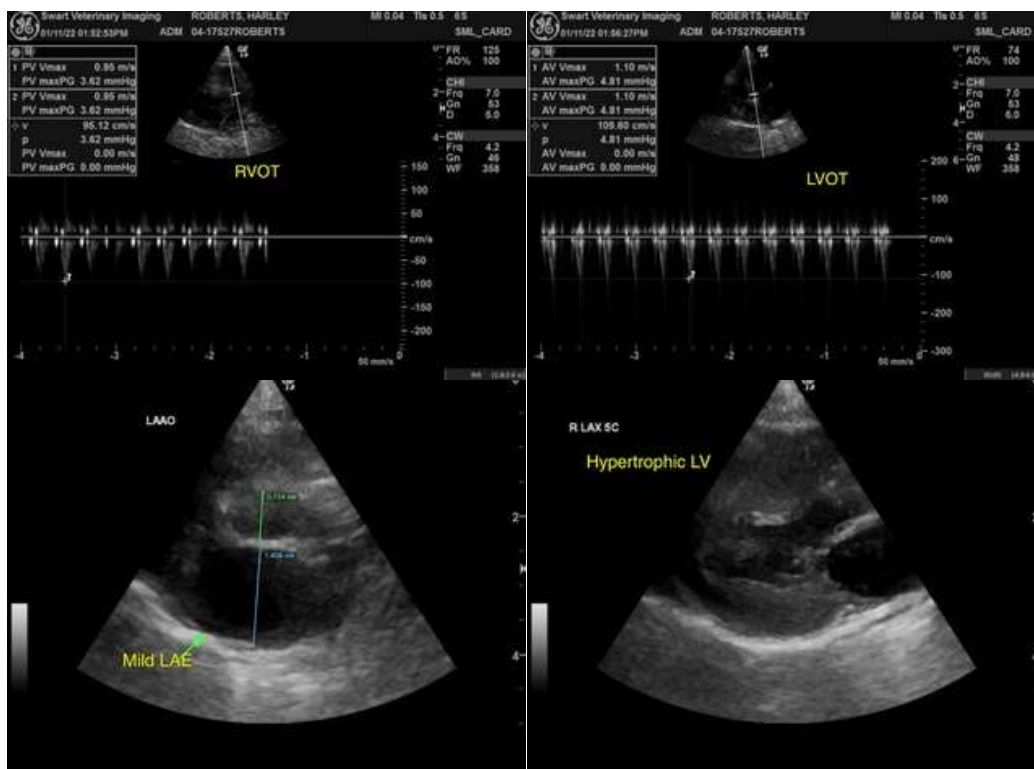
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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