


PATIENT

 Cole Brioschi
 Emp Pet

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years

WEIGHT

4.76 kg

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

**IMAGING
 PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Graham AH

REFERRING VET

Dr. Seager

INVOICE

13041

DATE

1/12/22

PRESENTING CLINICAL SIGNS

Presented on 1/3/22 for examination of skin lesions around neck/trunk/leg. Dx of lesions: basal cell carcinoma Has Gr III-IV/VI HMR on exam.

Abnormal PE/Chem/CBC/UA Results: HR 240, RR 30 please see attached BP

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

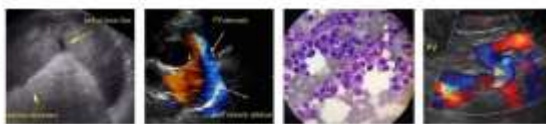
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT		184	0.62	1.5	0.60	47.6	82.6
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Sisson)	LA 2D 4-chamber long axis AS to FW (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	1.2	1.32	1.2	2.8	1.5	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 exhibited mild to generalized hypertrophy with subtle diffuse increased endocardium echogenicity. Concurrent mild papillary muscle hypertrophy with areas of remodeling was present. The right ventricle was sonographically normal. The right atrium was sonographically normal. No evidence of left atrial enlargement without spontaneous contrast. Probable systolic anterior motion (SAM) of the mitral valve was present with elevated measured LVOT velocity and turbulent to dynamic LVOT blood flow of color doppler. Suspect mild secondary mitral valve insufficiency was noted, although not definitively visualized on color doppler. No evidence of tricuspid valve insufficiency was present. No other obvious valvular insufficiencies were present. No evidence of pericardial or pleural effusion was noted. No overt cardiac tumors were evident.

ULTRASONOGRAPHIC FINDINGS
Primary Findings

- Hypertrophic obstructive cardiomyopathy



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac study is most consistent with hypertrophic obstructive cardiomyopathy, which indicates some degree of LV hypertrophy (mild in this case) with probable dynamic LVOT obstruction, (SAM). No evidence of left atrial enlargement at this time, indicating that the risk of current complication is relatively low. Assessment of systemic blood pressure and T4 levels to rule out concurrent contributing factors is suggested.

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While no medications have been shown to definitively alter long-term outcome, considerations for Atenolol 6.25 mg SID is warranted. If evidence of tachycardia, monitoring of heart rate in 1-2 weeks with Ideal heart rate 140-160 BPM is recommended. No other indications for additional cardiac medications at this time. Anesthetic risk is considered relatively low, although the patient may be at increased risk for fluid overload, arrhythmias, blood pressure issues, etc. Recheck echocardiogram is suggested in 6 months to assess for progression, sooner if clinical issues arise.

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Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

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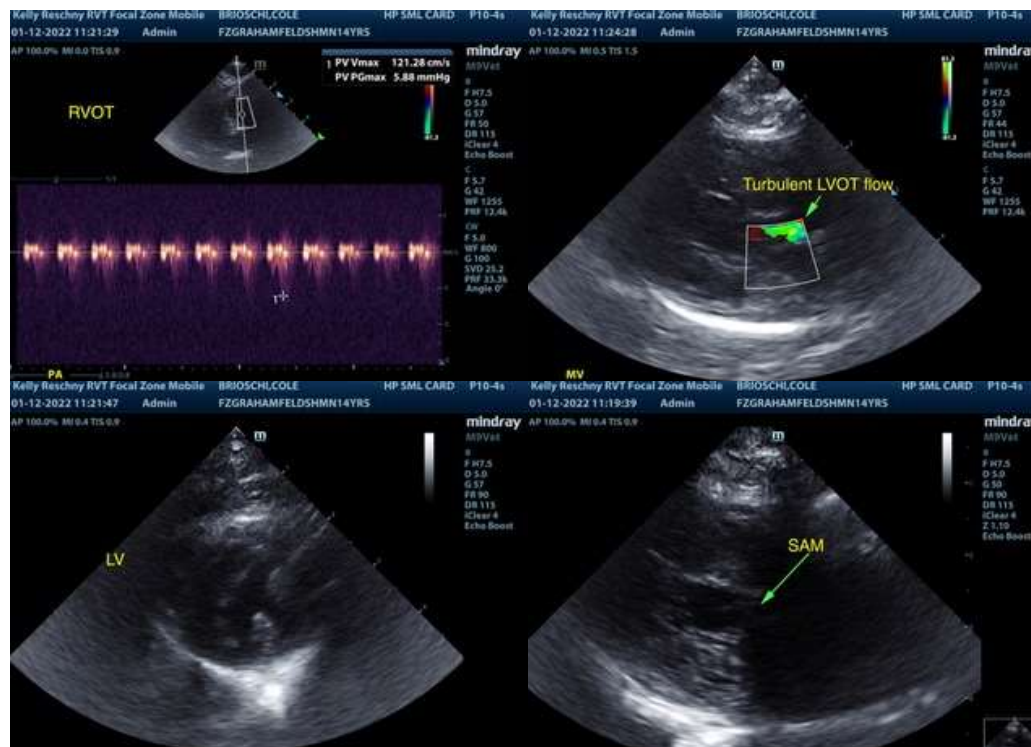
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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