


PATIENT

Triscuit Wagner-Frank

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

6

WEIGHT

10.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Ascot

INVOICE

16006

DATE

1/28/23

PRESENTING CLINICAL SIGNS

 severe non regenerative 4/6 basilar HM rescued 1 year ago indoor only
 Abnormal PE/Chem/CBC/UA Results: CBC HCT 7% WBC 3.5K Neutro 1.4K Na 170 Glob 6.2 remainder WNL

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	0.61	1.9	0.67	50	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		1.7	1.8	NM	1.1	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

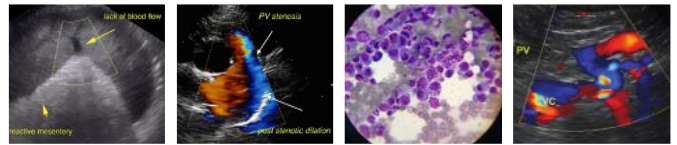
The left ventricular wall exhibited regions of variable hypertrophy and myocardial irregularity primarily involving the IVS. Diffuse hyperechoic endocardium, consistent with ventricular remodeling and likely fibrosis, was noted. Concurrent mildly prominent to remodeled papillary muscles were present. The right ventricle was overtly normal in volume and subjective free wall thickness. The left atrium was mildly bulbous in appearance yet within normal limits for LA volume. No evidence of spontaneous contrast. The right atrium was normal in size. Normal measured RVOT velocity was noted. Mild systolic anterior motion (SAM) of the mitral valve was present with secondary mild dynamic to turbulent LV outflow on Color Doppler. Mild eccentric MR was present on Color Doppler. No overt TR was noted. No evidence of pericardial or pleural effusion was noted. No cardiac tumors were present. No arrhythmia was noted.

ULTRASONOGRAPHIC FINDINGS

- Hypertrophic obstructive cardiomyopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of overt LA enlargement indicates that the risk of spontaneous CHF and / or thrombotic events is low. While no medications have been shown to definitively alter long-term outcome of HOCM, initiation of Atenolol at this time may be considered especially if consistent tachycardia. There are mild risks for using Atenolol in a patient with potential borderline increased LA size, as its negative



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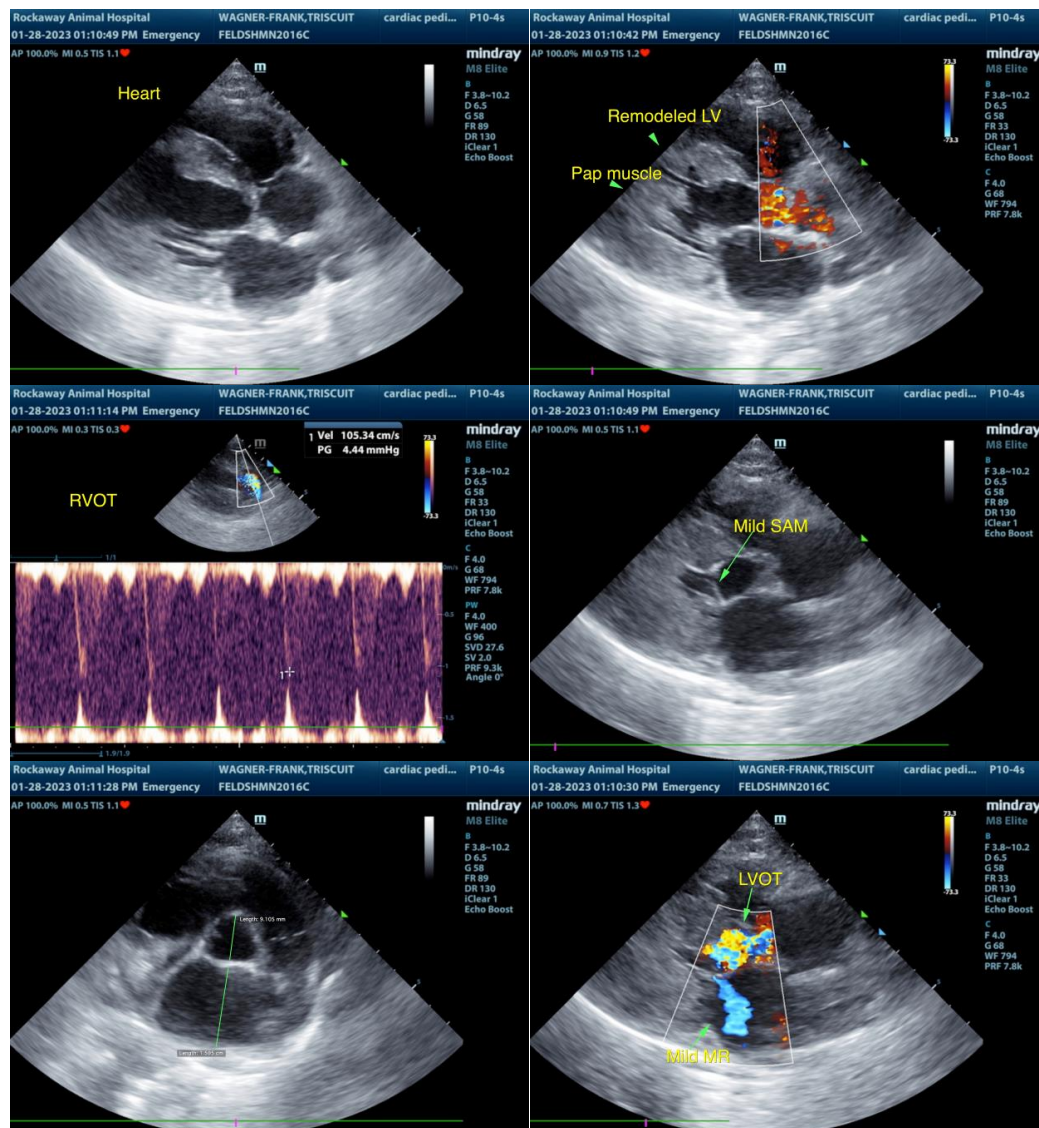
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inotropic properties can potentially make it easier for a patient that is borderline for LA enlargement to experience decompensation. No overt indication for additional cardiac medications with decreased risk of a thrombotic event at this stage. Ultimately, Clopidogrel 75 mg tab(1/4 tab, SID) could be considered. Serial sonographic monitoring is recommended for further prognosis. Recheck echocardiogram is suggested in 6 months, sooner if clinical signs arise. Assessment of systemic BP and T4 levels is suggested to rule out complicating factors.



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 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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info@SonoPath.com

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