



PATIENT PRESENTING CLINICAL SIGNS

Jack Lafratta History: 4/6 heart murmur was noted at PE. Jack is on pimobendan 5mg 1/4 tab BID and Benazepril 5mg 1/2 SID Blood pressure check on 1/5/22 113/83 103/80 143/113
 Abnormal PE/Chem/CBC/UA Results: no BW done.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4 Years

WEIGHT

13 Lbs.

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	--	239	0.7	1.37	0.62	51.8	86.8
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	--	1.25	1.3	2.0	2.0	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							

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Vivek, EVERVET

INVOICE

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Cardiac Presentation

The left ventricular wall is moderately hypertrophied with regions of irregularity. Diffuse hyperechoic endocardium present, consistent with fibrosis and ventricular remodeling. Concurrent papillary muscle hypertrophy noted within the left ventricle lumen with regions of remodeling. The right ventricle exhibited normal size. Normal left atrial dimension noted without evidence of spontaneous contrast. Normal right atrium dimension noted without evidence of spontaneous contrast. Mild turbulent to dynamic RVOT flow noted with mild elevated RVOT velocity. Systolic anterior motion (SAM) of the mitral valve was present with borderline elevated LVOT velocity and with turbulent to dynamic LVOT outflow. Minor subjective eccentric mitral insufficiency present, secondary to SAM. Minor TR is possible yet not considered clinically significant. No other obvious valvular insufficiencies noted. No pericardial or free pleural fluid. No obvious cardiac tumors.

ULTRASONOGRAPHIC FINDINGS

- Hypertrophic obstructive cardiomyopathy
- Mild elevated RVOT velocity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram is consistent with hypertrophic obstructive cardiomyopathy, indicative of some degree of LV hypertrophy with dynamic LV obstruction (SAM). No other clinical issues, such as systolic dysfunction or left atrial dilation was noted, indicating risk of spontaneous congestive heart failure and/or thrombotic event at this stage, is likely low. Some contribution to the murmur may be owing to



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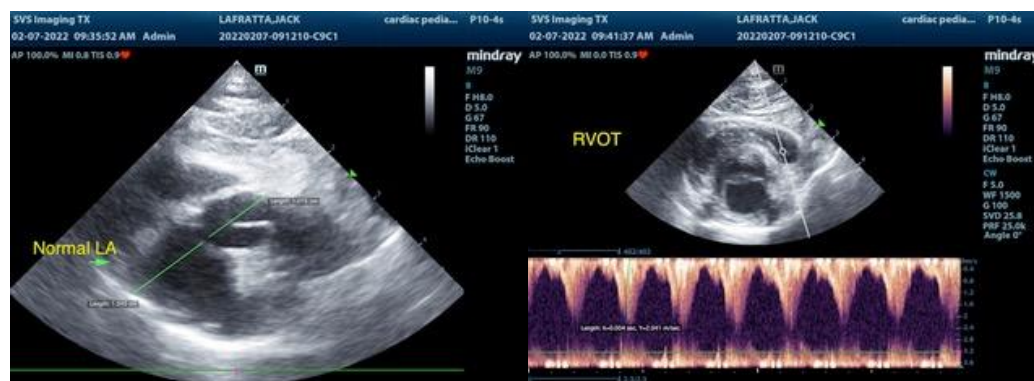
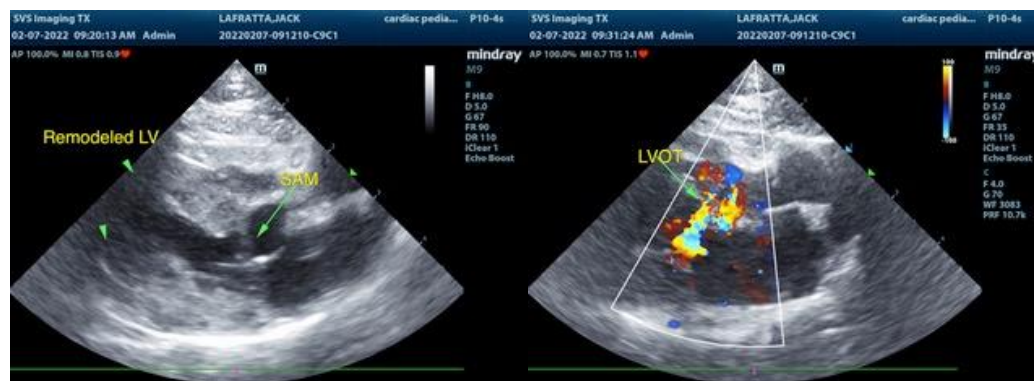
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mildly elevated RVOT velocity, which is essentially a physiologic or flow murmur. While no medications have been shown to alter long-term outcome at this stage of the disease, initiation of Atenolol, 25 mg tablet, ¼ tab, PO SID may be considered. Variability and rates of progression of subclinical cardiomyopathy may be present and serial sonographic monitoring is recommended for further prognosis. Screening blood pressure and assessment of T4 levels suggested to assess for complicating factors. Target heart rate of 140-160, 12-24 hours, post Atenolol administration, is ideal. Anesthetic risk is considered elevated. Recheck echocardiogram suggested in 6 months or sooner if clinical issues arise.



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.



PATIENT

Jack Lafratta

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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