

**PATIENT**

Happy Rockteacher

**PRESENTING CLINICAL SIGNS**

subjective cardiac enlargement on xray along with elevated proBNP

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

14 Pounds

**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		200	0.61	1.23	0.71	54.5	88.1
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	1.33	1.3	1.2	<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

**Cardiac Presentation**

The left ventricular wall is moderately hypertrophied with primarily maintained linear contour. Subjective mild hyperechoic endocardium present, which may indicate mild fibrosis. Mildly prominent to remodeled papillary muscle hypertrophy noted. The right ventricle appears to be mildly affected as well with normal right ventricular dimension. Normal left atrial dimension without evidence of enlargement or spontaneous contrast. Normal right atrial dimension without evidence of spontaneous contrast. Normal RVOT laminar systolic flow. Suspect mild systolic anterior motion (SAM) of the mitral valve was present, although documented elevated LVOT velocity was not noted with mild dynamic to turbulent LVOT doppler outflow. No overt or significant mitral valve insufficiency, as well as no evidence of tricuspid valve insufficiency. No other obvious valvular regurgitation was present. No pericardial or free pleural fluid. No overt cardiac tumors.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Gromalak

**HOSPITAL NAME**

SVS Imaging

**REFERRING VET**

Dr. Sherrod

**INVOICE**

36335

**DATE**

3/22/22

**ULTRASONOGRAPHIC FINDINGS**

- Hypertrophic obstructive cardiomyopathy

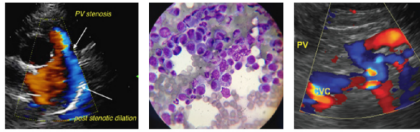
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although a murmur was not reported in this patient, the echocardiogram is consistent with probable hypertrophic obstructive cardiomyopathy, indicating some degree of left ventricular hypertrophy, which is moderate in this case, with suspect mild dynamic LVOT obstruction (SAM). This would be a rule out diagnosis assuming the patient is euthyroid and normotensive. With the lack of left atrial enlargement, and without additional issues such as LV systolic dysfunction, the current risk for complication is considered low.

Given this compensated presentation without overt evidence of significant dynamic LVOT obstruction, cardiac medications at this stage are not overtly indicated. Atenolol could potentially be considered if documented and persistent elevated heartrate. Assessment of blood pressure and T4 levels suggested

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to rule out complicating factors. Monitoring at this stage would be appropriate with recheck echocardiogram suggested in 6 months, sooner if clinical signs consistent with heart disease arise, or evidence of progressive heart murmur.

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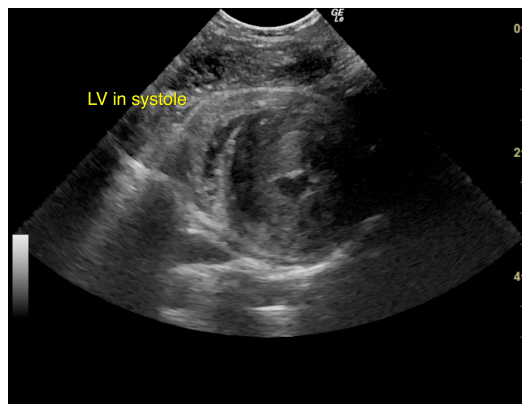
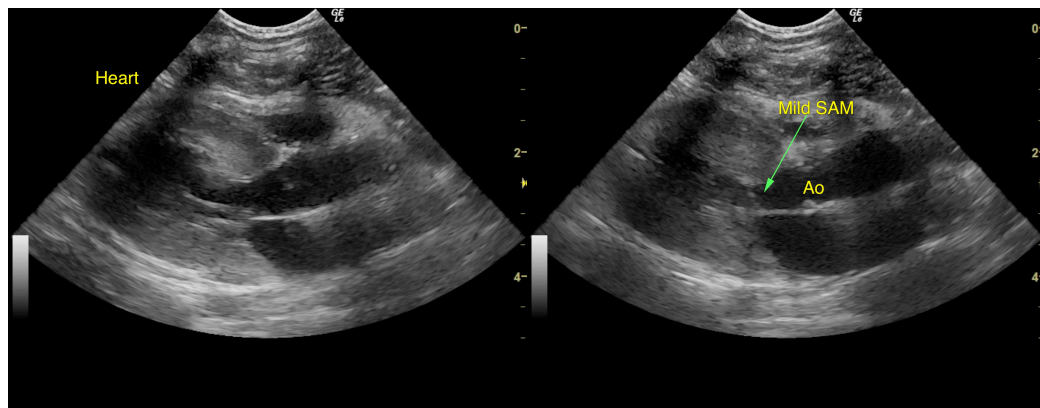
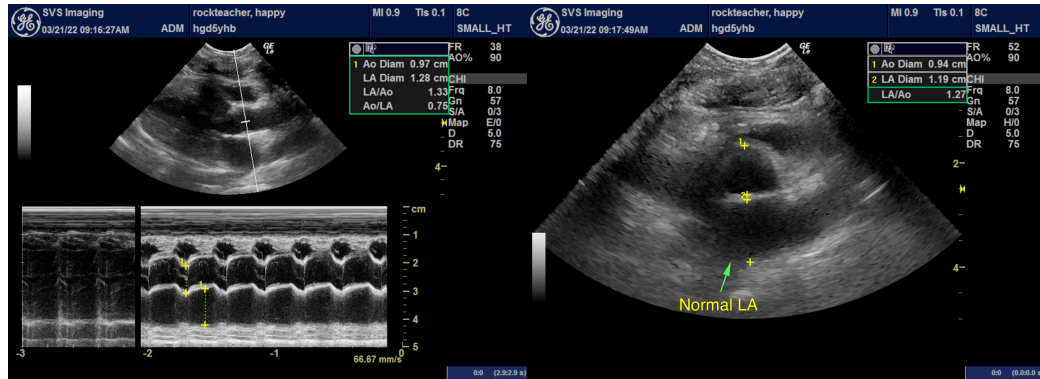
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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