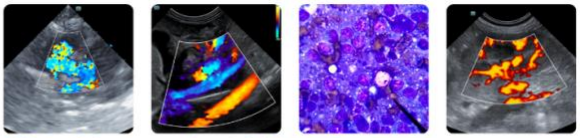

PATIENT

Tootsie Cutaia

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

11.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse LVT CVT

HOSPITAL NAME

Rondout Valley Veterinary Associates

REFERRING VET

Dr. Laux

INVOICE

14957

DATE

04/08/26

PRESENTING CLINICAL SIGNS

Due for annual echo, Hx of dynamic LV outflow obstruction

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (lbs)	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	11.2	NM	0.53	1.6	0.48	56	89
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	--	1.3	1.4		--	1.6	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 normal IVS and free wall dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy with regions of remodeling. Normal left atrial dimension, no spontaneous contrast. There is previously noted systolic anterior motion (SAM) of the mitral valve present with dynamic LVOT profile. There is mild eccentric mitral regurgitation present secondary to SAM. Normal right atrial size. Normal right ventricle size. Normal RVOT velocity. No TR. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

ULTRASONOGRAPHIC FINDINGS

- Hypertrophic obstructive cardiomyopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Previously noted SAM with subjective mild dynamic LV outflow obstruction with dynamic LVOT profile. The continued lack of LA enlargement indicates that the current and future risk of complication remains low. Consideration can be given to starting empirical Atenolol 6.25 mg BID as this medication theoretically should reduce severity of SAM although given lack of LA enlargement, no overt indication for definitive cardiac medication. Conservative monitoring would be reasonable with recheck echo suggested in six months as prognosis remains variable, sooner if clinical signs arise. Assessment of systemic BP and T4 level to rule out complicating factors is suggested if not recently done. Cardiac anesthetic risk is considered mild. If required, the following protocol is suggested.

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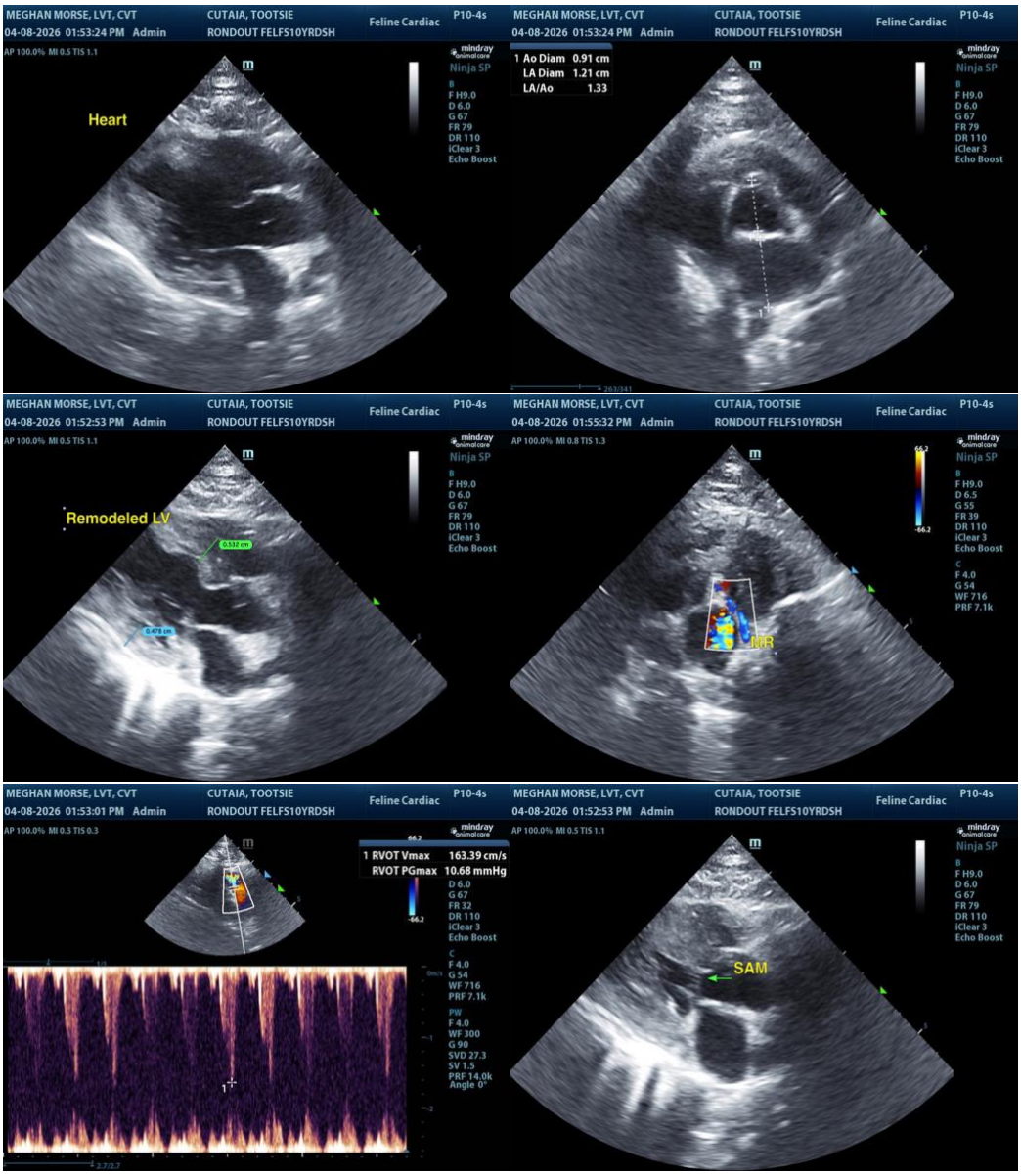
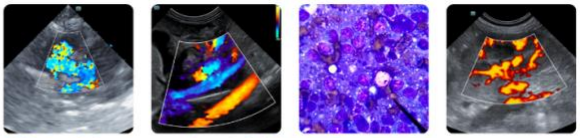
Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.



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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