



## PATIENT

Aretha Coleman

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

11 years old

## WEIGHT

10 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kelly Vazquez

## HOSPITAL NAME

New Bridge  
Veterinary

## REFERRING VET

Dr. Abina Glennon

## INVOICE

14766

## DATE

8/31/22

## PRESENTING CLINICAL SIGNS

Patient presents for suspicion of HCM, was recently at ER in distress, is currently on Lasix. Need med protocol.

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
<b>PATIENT</b>		142	0.48	1.46	0.65	41.9	76.1
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)	
<b>NORMAL PARAMETER</b>	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3	40-60	
<b>PATIENT</b>	2.1	2.7	2.2	1.5	0.9	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 free wall is mild to moderately hypertrophied with regions of septal and free wall myocardial irregularity. Remodeled LV endocardium was present which may suggest areas of fibrosis. Adequate LV function is noted, as evidenced by the fractional shortening measurement above. Papillary muscle hypertrophy with regions of remodeling was also present. The right ventricle exhibited normal volume with mild similar myocardial changes. Severe left atrial enlargement with mild bulbous appearance was noted. Anechoic content was primarily in the left atrium with subjective evidence of minor spontaneous contrast. Subjective mild right atrial enlargement was present with normal RVOT velocity. Evidence of systolic anterior motion of the mitral valve was noted with normal LVOT velocity, yet with turbulent to dynamic LVOT outflow on color. MR measured 6.0 m/s. Moderate eccentric mitral valve regurgitation was present secondary to SAM. Mild basilar septal hypertrophy within the LVOT was present. No evidence of concurrent significant TR was noted. No other obvious valvular regurgitation was present. No evidence of pericardial or pleural effusion was appreciated. No obvious cardiac tumors were present.

## ULTRASONOGRAPHIC FINDINGS

- Hypertrophic obstructive cardiomyopathy
- Moderate primarily eccentric MR
- Severe LA enlargement with evidence of minor spontaneous contrast



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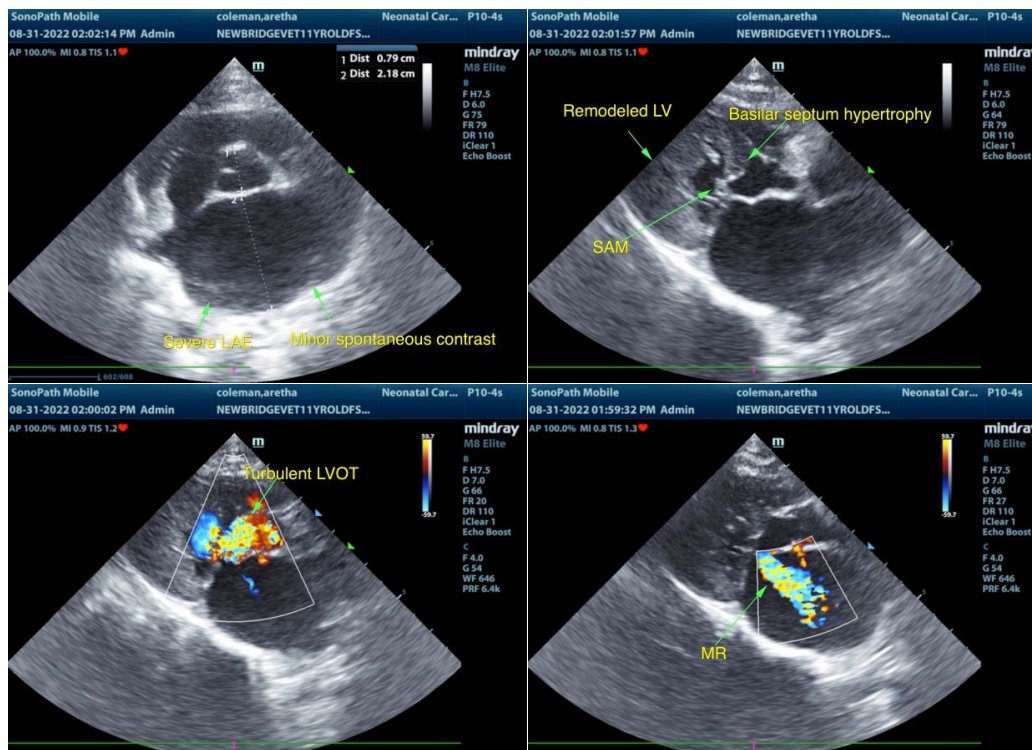
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The severe LA enlargement indicates that the risk of spontaneous congestive heart failure is significantly elevated in this patient. No evidence of a formed left atrium thrombus, yet minor spontaneous contrast suggests an exceedingly elevated risk for the development of aortic thromboembolism going forward. Cats that develop an ATE carry a poor to grave prognosis.

Given this presentation, Lasix 1.0-2.0 mg/kg PO BID, along with Plavix 75.0 mg tabs (1/4 tab) orally SID is recommended. Monitoring of renal parameters, systemic BP, and ECG if evidence of arrhythmia going forward is suggested. If not recently done, assessment of T4 levels is recommended to rule out hyperthyroidism as a complicating factor. Long-term prognosis is very guarded to potentially poor, as this patient will be at elevated risk for CHF episodes, development of malignant arrhythmias, and thromboembolic event. Recheck echocardiogram is suggested in 4-6 months, sooner if clinical signs consistent with the above complications are noted.





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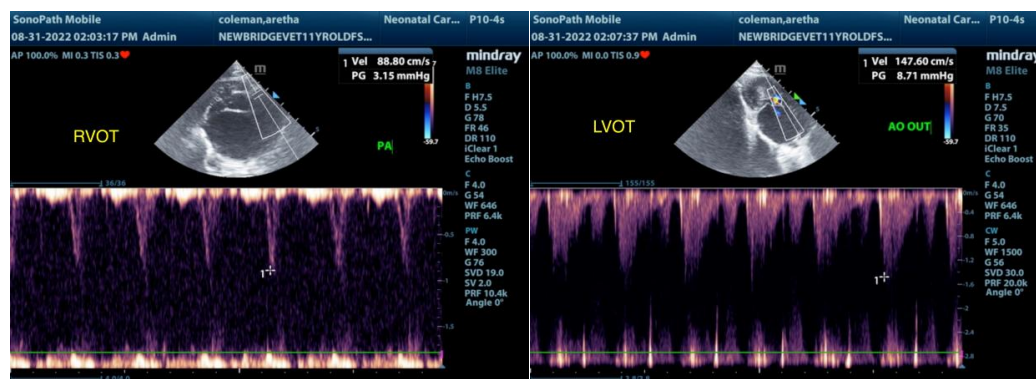
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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