

PATIENT DATA

OWNER NAME	S----	ANIMAL NAME	T-----
BREED	DSH	NEUTERED	YES
BIRTH DATE		AGE	14 y
GENDER	M		
IDENTIFICATION		EXAM DATE	03 JAN 2018
ACCESSION NUMBER			
OPERATOR			
EXAM DESCRIPTION	CARDIAC		
PERFORMING PHYSICIAN	GEMMA O DONOGHUE	REPORT DATE	03 JAN 2018

CARDIO FELINE

Absolute velocity used

B-Mode

Aorta/LA

Ao Diam	6.9	mm	LA Diam	22.9	mm
LA/Ao	3.33				

Doppler

Aorta					
AV Vmax [0.43, 0.59]	0.51	m/s	AV max PG	1.1	mmHg
MV					
MV E Vel	0.88	m/s	MV A Vel	0.18	m/s
MV E PG	3.1	mmHg	MV A PG	0.1	mmHg
MV E/A	4.85		IVRT	12	ms
Pulmonary A					
PA Vmax	0.36	m/s	PA max PG	0.5	mmHg
AVA (VTI)					
AV Vmax [0.43, 0.59]	0.51	m/s			

M-Mode

MV					
EPSS	9.6	mm			
Left Ventricle					
IVSd	6.4	mm	LVIDd	21.4	mm
LVPWd	4.1	mm	IVSs	7.3	mm
LVIDs	17.1	mm	LVPWs	4.3	mm
EF	43	%	%LV FS	20	%
% IVS	14	%	%PW	4	%
LV Mass	10	g			

OBSERVATIONS

Cardio remarks Left ventricular wall is irregular with areas of mild hypertrophy and areas of thinned ventricular wall. Dilated left ventricle with poor systolic function, free wall has very little contractility. Severely dilated left atrium and auricle with blood stasis (smoke), no thrombus present. Diastolic dysfunction with restrictive mitral inflow pattern. Right sided chambers normal. No pleural effusion. Sinus rhythm/tachycardia.

Conclusions End stage HCM with dilated left sided chambers, poor contractility and blood stasis/thrombus formation. Thrombus to right forelimb secondary to cardiac disease. Treatment: furosemide (prn eg. 2mg/kg BID), clopidogrel (18.75mg SID), pimobendan (1.25mg BID) +/- aspirin (5mg/kg q72hrs). Also analgesia and physio important. LWMH can be used in acute setting to theoretically reduce further clot

formation.
Prognosis variable. HCM with ATE 51-345d, recurrence rate high but most cats will die of CHF.

Gemma O'Donoghue PgC Cardiology.

SIGNATURE

ATTACHED IMAGES



