

**PATIENT DATA**

<b>OWNER NAME</b>	M-----	<b>ANIMAL NAME</b>	M----
<b>BREED</b>	DSH	<b>NEUTERED</b>	YES
<b>BIRTH DATE</b>		<b>AGE</b>	10 y
<b>GENDER</b>	F		
<b>IDENTIFICATION</b>		<b>EXAM DATE</b>	26 JAN 2018
<b>ACCESSION NUMBER</b>			
<b>OPERATOR</b>			
<b>EXAM DESCRIPTION</b>	CARDIAC		
<b>PERFORMING PHYSICIAN</b>	GEMMA O DONOGHUE	<b>REPORT DATE</b>	26 JAN 2018

**CARDIO FELINE****Absolute velocity used****B-Mode****Aorta/LA**

Ao Diam	7.9	mm	LA Diam	19.4	mm
LA/Ao	2.45				

**Doppler**

<b>Aorta</b>					
AV Vmax	1.09	m/s	AV max PG	4.7	mmHg
<b>MV</b>					
MV E Vel	1.12	m/s	MV E PG	5.1	mmHg
IVRT	12	ms			
<b>Pulmonary A</b>					
PA Vmax	0.98	m/s	PA max PG	3.8	mmHg
<b>AVA (VTI)</b>					
AV Vmax	1.09	m/s			

**M-Mode****Left Ventricle**

IVSd	5.9	mm	LVIDd	12.6	mm
LVPWd	8.8	mm	IVSs	5.9	mm
LVIDs	7.2	mm	LVPWs	10.9	mm
EF	78	%	%LV FS	43	%
% IVS	0	%	%PW	23	%
LV Mass	6	g			

**OBSERVATIONS****Cardio remarks**

Moderate left ventricular concentric symmetrical hypertrophy. Dynamic (SAM) and fixed (septal bulge) LVOTO. Severely dilated left atrium, mitral regurgitation and elevated filling pressures. No "smoke" or thrombus. E and A wave summated but IVRT confirmed diastolic dysfunction. Variable valvular velocities due to arrhythmia present. Multiple VPCs during exam. Right side of heart normal.

**Conclusions**

HCM with dilated left atrium and an arrhythmia caused by VPCs. A holter exam is recommended to determine exact cause of syncopal events. Left ventricular outflow tract obstruction is present. Ventricular tachycardia is the most likely cause of syncope. If holter exam cannot be done, trial treatment with sotalol (2mg/kg bid) is recommended.

Additional treatment with furosemide (10mg bid) and clopidogrel (18.75mg sid) +/- ace-inhibitor.

Prognosis guarded.

**SIGNATURE**

Gemma O'Donoghue PgC ESPVS Cardiology.

**ATTACHED IMAGES**



