

PATIENT DATA

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

Aorta

AV Vmax	1.09	m/s	AV max PG	4.7	mmHg
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MV

MV E Vel	1.12	m/s	MV E PG	5.1	mmHg
IVRT	12	ms			

Pulmonary A

PA Vmax	0.98	m/s	PA max PG	3.8	mmHg
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AVA (VTI)

AV Vmax	1.09	m/s			
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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



