

PATIENT DATA

OWNER NAME	M-----	ANIMAL NAME	D-----
BREED	DSH	NEUTERED	YES
BIRTH DATE		AGE	8 y
GENDER	M		
IDENTIFICATION		EXAM DATE	07 MAR 2018
ACCESSION NUMBER			
OPERATOR			
EXAM DESCRIPTION	CARDIAC		
PERFORMING PHYSICIAN	GEMMA O DONOGHUE	REPORT DATE	07 MAR 2018

CARDIO FELINE

Absolute velocity used

B-Mode

Aorta/LA

Ao Diam	12.2	mm	LA Diam	18.0	mm
LA/Ao	1.47				

Doppler

Aorta

AV Vmax	0.96	m/s	AV max PG	3.7	mmHg
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MV

MV E Vel	1.11	m/s	MV A Vel	0.24	m/s
MV E PG	4.9	mmHg	MV A PG	0.2	mmHg
MV E/A	4.70		IVRT	36	ms

Pulmonary A

PA Vmax	0.80	m/s	PA max PG	2.6	mmHg
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AVA (VTI)

AV Vmax	0.96	m/s			
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M-Mode

Left Ventricle

IVSd	8.1	mm	LVIDd	16.2	mm
LVPWd	8.1	mm	IVSs	9.5	mm
LVIDs	9.3	mm	LVPWs	10.4	mm
EF	77	%	%LV FS	42	%
% IVS	17	%	%PW	28	%
LV Mass	17	g			

OBSERVATIONS

Cardio remarks

There is asymmetrical hypertrophy of the left ventricular wall with severe hypertrophy of the free wall, septal wall is irregular with areas of thickened and thinned wall. There is systolic anterior motion of the mitral valve causing dynamic left ventricular outflow tract obstruction and eccentric mitral regurgitation. There is mild-moderate dilation of left atrium with spontaneous echo contrast ('smoke') present. Normal systolic function. Diastolic dysfunction with restrictive pattern is present. Right side of heart is normal. Sinus rhythm/tachycardia on ECG.

Conclusions

Severe HCM with SAM and LVOTO and left atrial dilation with smoke. Progression to congestive heart failure in next 6-12 months a strong possibility. Also at risk of thrombus formation and embolism. Medication: clopidogrel +/- aspirin. Ace-inhibitor could be considered to prevent remodelling but has not been proven to delay onset to congestive heart failure. Pressure gradient across LVOT not increased enough to warrant atenolol. Monitor for resting respiratory rate. Assess blood pressure. Recommend repeat echo in 6 months.

SIGNATURE

Gemma O'Donoghue PgC ESPVS Cert Cardiology.

ATTACHED IMAGES



