

Feline hypertrophic cardiomyopathy (HCM)

Extended Version

Classic case: 2 y/o male Maine Coon cat - tachypnea, open mouth breathing, cyanosis, wt. loss

Presentation:

The most common feline cardiac disease

History and signalment

- Juvenile (5 months) up to geriatric
- **Maine Coon, Ragdoll – autosomal dominant**
 - Cardiac myosin binding protein-C gene (MyBPC) mutation
 - **Test avail. for MyBPC gene mutation**
- **American shorthair**, British shorthair, Persian, Scottish fold, Sphinx, Rex
- **Males** more **SEVERE** than females
- RARE in DOGS

Clinical sign/presentation types

1) Compensated HCM

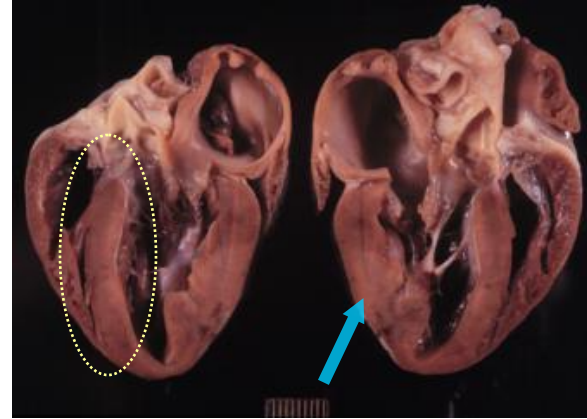
- Murmur ausculted on annual physical exam
- No overt signs

2) Congestive heart failure due to HCM

- Tachypnea > 40 breaths/minute, dyspnea, open mouth breathing
- Cyanosis, syncope, lethargy, weakness
- Anorexia, weight loss
- +/- vomiting or jugular pulse

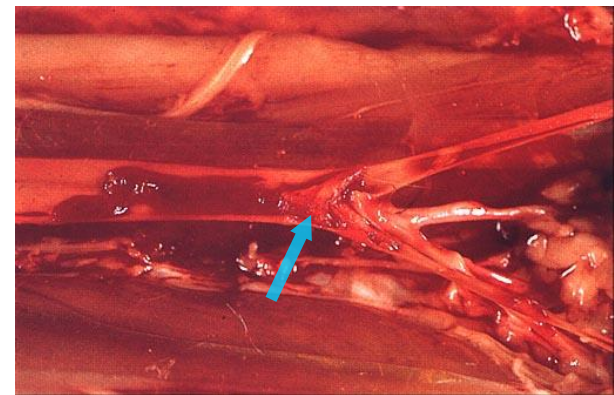
3) Aortic thromboembolism (TBE) due to HCM

- Pelvic limb paralysis
- Cyanotic nail beds
- Crying, painful
- Absent femoral pulses
- Contracted gastrocnemius muscles



Feline hypertrophic cardiomyopathy

Note hypertrophy of interventricular septum and left ventricular free wall



Aortic thromboembolism 2ndary to HCM

DDX:

- 2ndary HCM due to systemic hypertension, hyperthyroidism, subaortic stenosis, acromegaly,
- Cardiac infiltration by inflammation, neoplasia, or edema

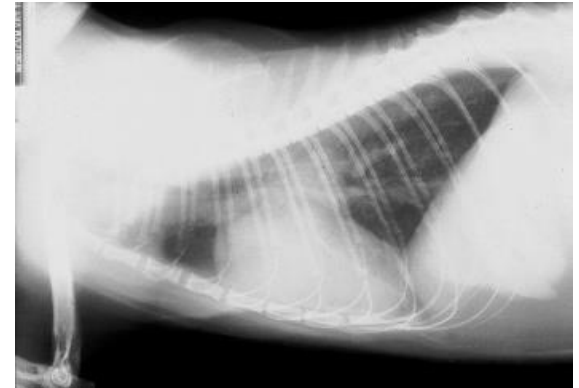
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Test(s) of choice:

Thoracic auscultation

- Tachycardia
- Murmur
 - Mitral regurgitation
 - LV outflow obstruction
- Gallop sound due to blood entering stiff LV
- Premature beats (atrial or ventricular)
- Irregular rhythm
- Abnormal lung sounds
 - Dull ventral lung sounds (pleural effusion)
- Increased bronchovesicular sounds “crackles” (= pulmonary edema)



*Feline HCM with pulmonary edema
Note increased sternal contact of heart*

Cardiac troponin I: Increased in moderate to severe HCM

Plasma brain natriuretic peptide (BNP): Increased NT-proBNP in severe HCM or CHF

ECG

- Sinus tachycardia, supraventricular or ventricular premature contractions
- Severe left atrial dilation
 - Atrial fibrillation (uncommon)
 - P-mitrale (wide P)
- Left atrial hypertrophy
 - Left axis deviation (mean electrical axis 0 to -90)
 - Increased QRS amplitude > 1mV

Thoracic radiographs

- If left atrium not enlarged MAY appear normal
- Cardiomegaly
 - **Valentine** heart (L atrial enlargement) DV view
 - Left atrial bulge at 1-3 o'clock (DV)
 - Elongated heart (DV)
 - Elevated trachea, round heart silhouette (lateral)
- Pulmonary venous enlargement
- Pulmonary edema
 - Anywhere in cats
- +/- pleural effusion



*“Valentine-shaped” heart of feline
HCM, DV view*

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Test(s) of choice: (continued)

Echocardiogram

- **Concentric left ventricular hypertrophy**
- **≥ 6 mm septum +/- L ventricular free wall** end diastolic thickness
- Papillary hypertrophy
- **Systolic anterior motion** of mitral valve (COMMON, not all HCM)
- Left atrial enlargement (moderate to severe disease)

Tissue doppler imaging (TDI) echocardiography:

To identify diastolic dysfunction

- Pulsed-wave or color Doppler
- Monitor therapeutic effects
- Monitor disease progression

Cardiac myosin binding protein-C gene (MyBPC) mutation

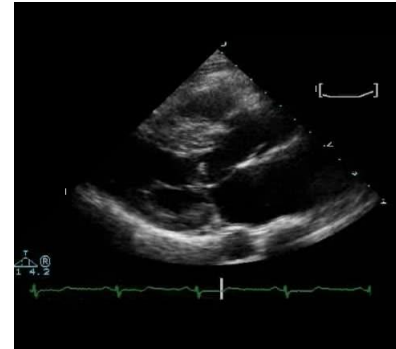
- Test available for MyBPC gene mutation

Sleeping respiratory rate: Have client assess and call if > 40

Rx(s) of choice:

ACUTE treatment of CHF due to feline HCM:

- **Avoid stress** Cage rest, Gentle handling
 - **IV fluids contraindicated**
 - **Supplemental oxygen**
 - **Diuretics**
 - **Furosemide (Lasix)**
 - Loop diuretic
 - Inhibits Na⁺ and H₂O reabsorption in Loop of Henle
 - Activates Renin-Angiotensin-Aldosterone-System (RAAS)
 - Hydrochlorothiazide
 - Thiazide diuretic
 - Works in distal tubule
 - Use if CHF refractory to furosemide
 - Spironolactone
 - K⁺ sparing diuretic
 - Antagonizes aldosterone
 - Use if CHF refractory to furosemide
 - **2% Nitroglycerin (topical)** - Venodilator – reduces preload
- Therapeutic thoracocentesis and paracentesis **as necessary**



*Echocardiogram displaying **systolic anterior motion** of the mitral valve due to HCM
Echo courtesy, Dr. Ksheka and Wikimedia Commons*

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Rx(s) of choice: (ACUTE CHF continued)

- **Thromboembolism therapy**
 - Palliative
 - 50% treated symptomatically regain limb function in 1-6 weeks
 - Natural thrombolysis/reperfusion occurs slowly
 - No complications from reperfusion injury
 - Pain management – buprenorphine
 - Nursing care – warmth, padding, turning q4h, cleaning
 - (Fibrinolytic agents)
 - Streptokinase
 - t-PA
 - Reperfusion injury, hyperkalemia, acidosis, hemorrhage, high re-thrombosis rate, high cost of drugs

CHRONIC treatment of HCM: 3Ds and rest

- **Diuretics** as listed above to reduce pulmonary edema
- **Diet** – Low sodium, palatable
- **Dilator**
 - Afterload and preload reducers
 - ACE inhibitors (enalapril, 2% nitroglycerine)
 - Beta adrenergic blockers
 - Propranolol, atenolol
 - Ca⁺⁺ channel blockers
 - Diltiazem, amlodipine
 - Improve myocardial relaxation
 - Improve ventricular filling
- Anti-thrombogenic therapy
 - Aspirin q 3 days
- **REST**
- Periodic therapeutic thoracocentesis and paracentesis as needed

Prognosis: Varies w/ individual, medical management, client compliance

Good to Fair: mild, non-progressive, compensated; median survival > 5 yrs

Poor: Severe HCM, CHF, TBE; survive 2 months to 4 yrs

Prevention:

Genetic screening for MyBPC mutations (autosomal dominant) and educate client

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Pearls:

- Left ventricular **concentric hypertrophy of HCM** = Stiffness, impaired relaxation
- HCM is a primary sarcomeric defect

Refs: Cote, Clin Vet Advisor, Dog and Cat. 2nd ed. pp. 565-567, Merck Manual, 10th ed (online), Heart failure (overview of signs) and Cardiomyopathy, (scroll down) Images courtesy of Dr. Terri Defrancesco

My Notes: