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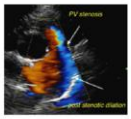
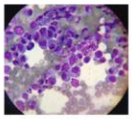
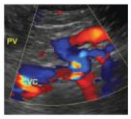
SVS IMAGING

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bleaker McAuliffe

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

4 years

WEIGHT

9.76lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Lee

INVOICE

28254

DATE

1/10/23

PRESENTING CLINICAL SIGNS

History: Housemate passed from heart disease. New murmur heard. No clinical signs.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal with regions of mild fibrosis and remodeling. There is a diffusely hyperechoic endocardium. The papillary muscles appear remodeled. No significant hypertrophy seen. The LV is minimally dilated with adequate function. The left atrium is mildly dilated and bulbous in appearance. The mitral valve is normal in structure and mobility. Trace MR. The right atrium is normal. The right ventricle is normal. Trace TR. Blood flow through both the LVOT and RVOT are normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	**BODY WEIGHT** (kg)	**HR** (BPM)	**IVSd** (cm) (Moise, Pipers)	**LVIDd** (cm) (Moise, Pipers)	**LVWd** (cm) (Moise, Pipers)	**FS** (%)	**EF** (%)
NORMAL PARAMETER	------	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.4	NM	0.46	1.7	0.52	52	86
FELINE CARDIAC PARAMETERS	**LA/AO** (Boon)	**LA/AO HEART BASE (Swe)** (Abbott)	**LA** 2D short axis Base view (cm) (Abbott)		**LVOT VEL** (m/s)	**RVOT VEL** (m/s)	**E max** (m/s)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	1.5	1.5		1.4	1.0	NM

**Note: All measurements based upon multi-modal images and methods. An average value is reported.*

Adapted from June Boon, Veterinary Echocardiography,1998

Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Early unclassified cardiomyopathy is suspected. This diagnosis is based upon mild LA and LV dilation and a lack of significant LV pathology. A normal variant cannot be ruled out; however, is considered less likely. Fortunately, with only mild atrial dilation the risk for complication is low, however there is high risk for progression going forward. No cause for the murmur is identified in this study, making it likely physiologic in origin.

Many cats with cardiomyopathy will remain occult/asymptomatic for extended periods of time, however there is a subset that will experience more rapid progression to clinical signs in the first few years after diagnosis. In this relatively young cat, long term implication is unknown.

Given only mild atrial dilation, no medications are indicated at this time. Monitor for any signs of progressive heart disease at home including change in breathing rate or effort, signs of a blood clot event and/or lethargy/syncope going forward.

Anesthetic risk is considered mildly elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate

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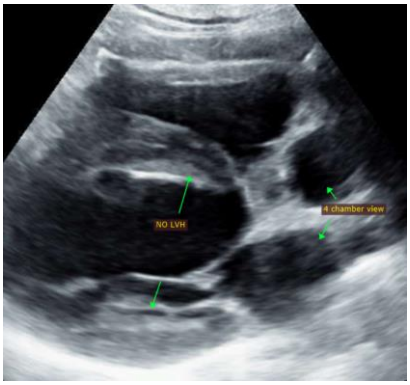
heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol would include opioid/benzodiazepine pre-medication, propofol induction, isoflurane gas. Avoid steroids if possible. If fluid therapy is needed for kidney disease, close monitoring of breathing rates is advised as fluid intolerance is certainly a possibility.

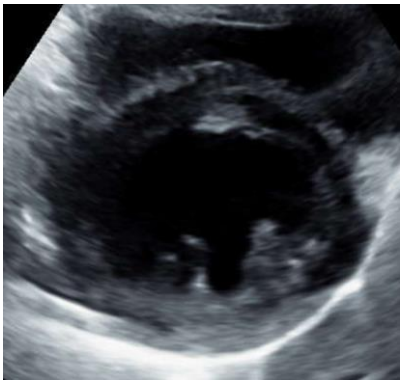
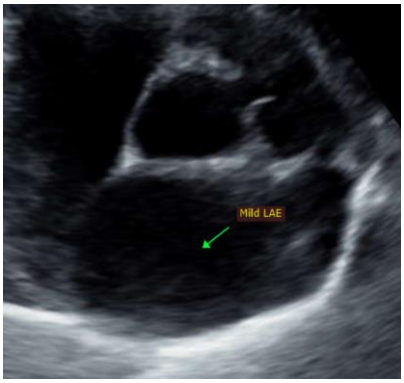
PLAN

Baseline BP is recommended.

Recommend recheck echocardiogram in 6 months to screen for progression, sooner if clinical signs arise.

IMAGES



The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com