PAUS
Pet Animal Ultrasound Service
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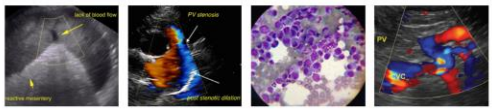

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Fidel Desantis-Kinder

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
12 years

WEIGHT
17.8lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Falmouth Animal Hospital

REFERRING VET
Dr. Switzer

INVOICE
28605

DATE
1/30/23

PRESENTING CLINICAL SIGNS

History: Elevated ProBNP (168), no murmur heard on exam. Systolic BP normal (160,150,150mmHg). Considering dental prophy.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are largely normal. There is a mildly hyperechoic endocardium. The papillary muscles are mildly remodeled and hyperechoic.
Left atrium: The left atrium is mild to moderately dilated with a mildly dilated auricle. No obvious spontaneous contrast or thrombi seen.
Mitral valve: The mitral valve is normal in structure and mobility. Trivial eccentric mitral regurgitation. No obvious systolic anterior motion is seen.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.
Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.
Right atrium: The right atrium is normal in dimension.
Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trace pulmonic insufficiency. Normal RVOT velocity; laminar flow.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 200bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.6
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.40
LVID diastole (cm)	1.5
PW thickness (cm)	0.40
LVID systole (cm)	0.7
FS (%)	54

Doppler Measurements

PV Vmax (m/s)	0.65
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The finding of left atrial enlargement in the absence of significant LV pathology is most consistent with unclassified cardiomyopathy (UCM). No significant hypertrophy is seen, ruling out typical hypertrophic disease. Regardless, the LA dimension is mild to moderately increased which is concerning for progressive elevation in filling pressures going forward. No additional issues are identified.

Use of medications at this stage of disease is debatable and of unclear benefit. If the patient is easily medicated it would be reasonable to institute Pimobendan and Plavix given LA dilation and the nature of disease. An alternative approach would be close monitoring for progression in the next 6 months. Prognosis is guarded given the highly variable nature of subclinical feline disease.

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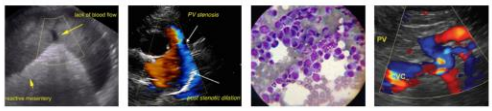

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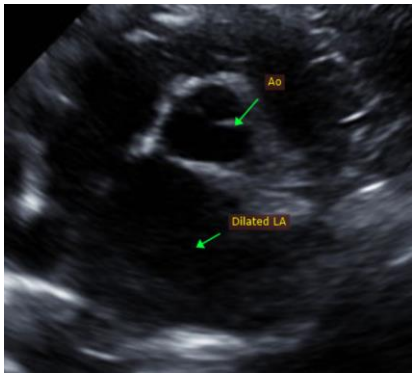
RECOMMENDATIONS

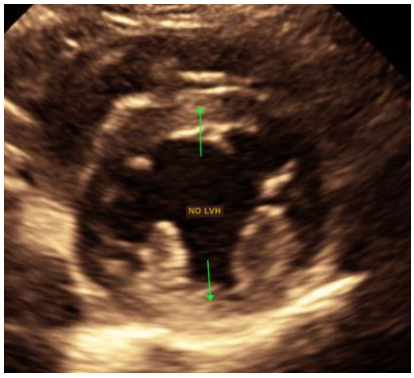
- If elected, administer Pimobendan 1.25 mg by mouth every 12 hours.
- If elected, administer anti-coagulant Plavix/Clopidogrel 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).
- Anesthetic risk is considered moderately elevated, and judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- Recommend recheck echocardiogram in 6 months to assess rate of progression, sooner if any issues arise in the interim.

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. This report was generated using transcription software, and minor dictation errors may be present. 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

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)