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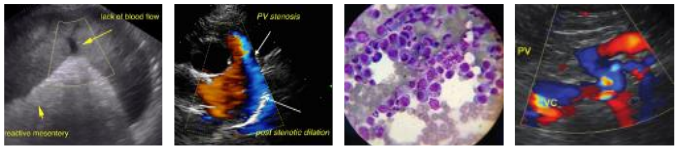


PATIENT
Eddie Fraser

SPECIES
Feline

BREED
DLH

SEX
Male Neutered

AGE
6.7 years

WEIGHT
10.4lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
B. Barnes, DVM

HOSPITAL NAME
Westview Veterinary Hospital

REFERRING VET
Dr. Barnes

INVOICE
28204

DATE
1/9/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 3/6 heart murmur. BP: 142mmHg, Sedated with Torb 1mg, Ace 0.5mg, Ket 5mg IM. BP: 142mmHg. Sedated with ace, torb, ketamine
-Current medications: Atenolol treatment 6.25mg BID.
-Pertinent previous echo findings (MML 5/2022): minimal LVH, mild LAE, mild SAM, trace MR/TR; IVSD 0.6, PWd0.61, LA 1.4

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is minimally hypertrophied. There is a mildly hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle remodeling. The right ventricle is subjectively normal in size and morphology. There is mild left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Systolic anterior motion (SAM) of the mitral valve is noted on 2D and color flow imaging; however, aortic outflow velocity is normal. There is moderate eccentric mitral regurgitation present secondary to SAM. Trace TR. No other significant valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated.

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	4.7	NM	0.61	1.5	0.60	4	84
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	1.3	1.4	1.41		1.8	1.1	NM

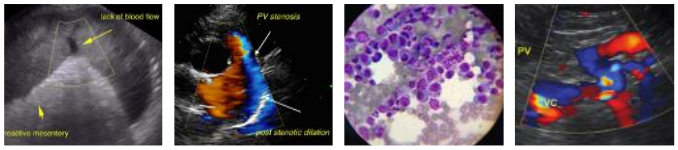
**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
Adapted from June Boon, Veterinary Echocardiography,1998
Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic obstructive cardiomyopathy (HOCM) persists with evidence of stability. The LV wall dimensions remain minimally increased, and the LA dilation unchanged. The obstruction is similar (ie not apparent on Doppler, yet seen on color/2D); however, the MR is significantly increased. Monitoring is advised as this can lead to progressive LAE. No additional issues are identified.

Continue atenolol as prescribed, with no additional medications indicated at this time. BP and T4 should be monitored every 6 months.

Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid



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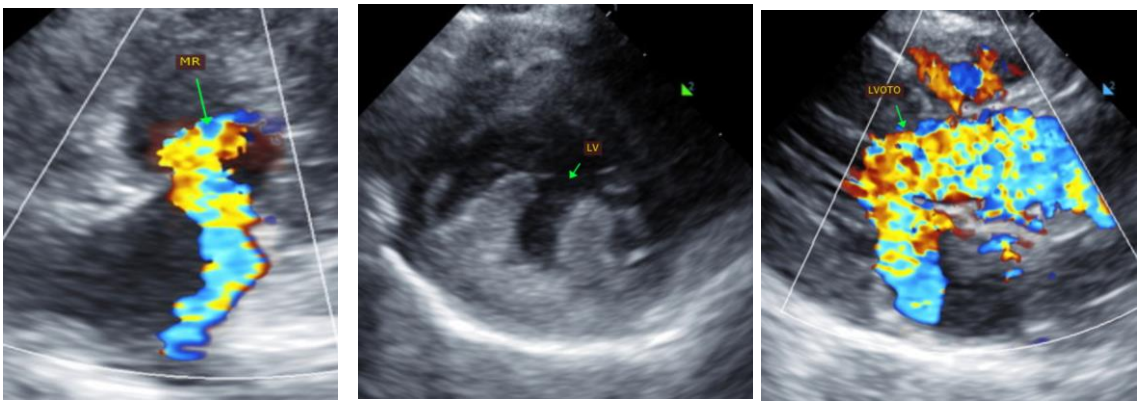
overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (ketamine, glycopyrrolate, atropine).

PLAN

Continue atenolol. Screening blood pressure and T4 are recommended every 6 months.

Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues 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. 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
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info@sonopath.com