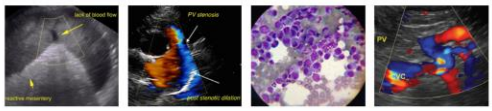
PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



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

PATIENT
Willy Armour

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
13 years

WEIGHT
18lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Falmouth Animal Hospital

REFERRING VET
Dr. Hauser

INVOICE
27050

DATE
10/24/22

PRESENTING CLINICAL SIGNS

History: Elevated Cardiac ProBNP (600) on routine senior lab work. Normal cardiac rhythm; no murmur noted. *Sedated with torbugesic and alfaxalone. BP: 140, 142, 146mmHg.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with borderline myocardial dysfunction, likely due to sedation. The LV wall thicknesses are asymmetric with mild thinning of the septum. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and hyperechoic.
Left atrium: The left atrium is mildly increased in size and bulbous in appearance. No obvious spontaneous contrast or thrombi seen.
Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No MR.
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. No 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 140bpm.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.6
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.41
LVID diastole (cm)	1.76
PW thickness (cm)	0.52
LVID systole (cm)	1.2
FS (%)	35

Doppler Measurements

PV Vmax (m/s)	0.63
AoV Vmax (m/s)	0.85
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function. There is mild remodeling and fibrosis of the left ventricular wall with an asymmetric appearance, which most likely represents a normal variant. What is more concerning is the LA measures mildly enlarged, which may be indicative of early unclassified disease in total or again may be a normal variant. A concurrent BNP elevation is concerning for the former. No matter the categorical diagnosis, a cat with any degree of LA enlargement should be followed up closely, as there is evidence of increasing LA pressure which may progress in the future. Serial echocardiography will be necessary to determine progression.

Prognosis is open prior to assessing for progression.

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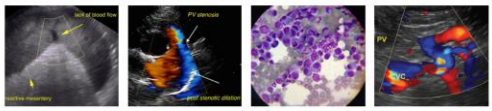

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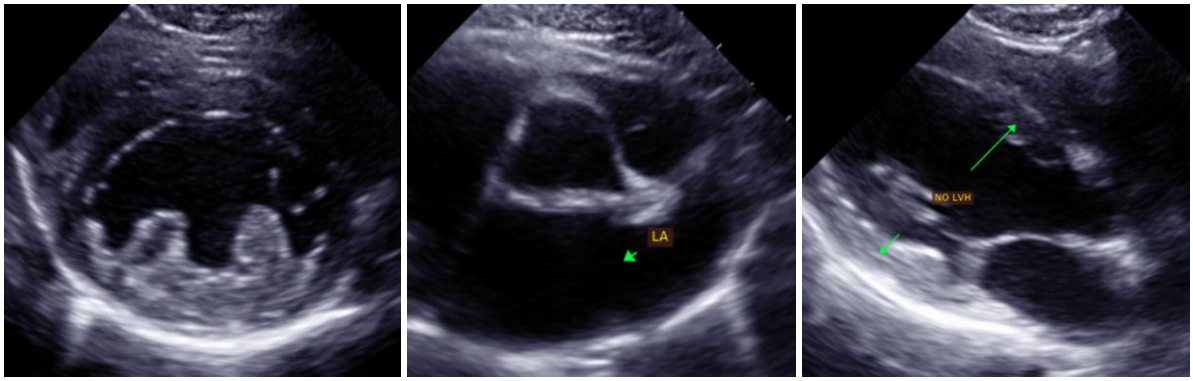
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- The risk for general anesthesia is low, however heart rate stimulating drugs such as atropine, glycopyrrolate, etc. should be avoided unless medically necessary. With mild LA dilation there may be an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended.
- 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 6-12 months to reassess murmur origin and screen for progressive LA dilation.

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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