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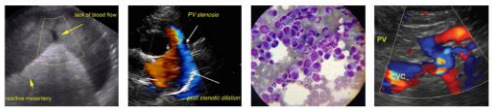

SonoPath
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PATIENT
Turk Perry

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
13 years

WEIGHT
10.7lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Norfolk County Veterinary Service

REFERRING VET
Dr. McCabe

INVOICE
21761

DATE
10/28/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History suspect early restrictive cardiomyopathy on prior echo. Stage II/IV CKD. Doing well clinically. * Sedated with alfaxalone.
-Pertinent previous echo findings (11/5/20 MML): LA 1.3 cm; LA:Ao 1.3; IVS 0.37 cm; PW 0.37 cm.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 20mm/mV. The underlying heart rate is 200bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. Isolated APCs throughout. No ventricular premature beats, pauses or other dysrhythmias observed.
ECG diagnosis: Normal sinus tachycardia with APCs.

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 normal with regions of irregularity. False tendon. There is a diffusely hyperechoic endocardium consistent with significant fibrosis. The papillary muscles are remodeled and hyperechoic.
Left atrium: The left atrium is borderline dilated. No obvious spontaneous contrast or thrombi seen.
Mitral valve: The mitral valve is normal in structure and mobility. No 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 borderline dilated
Tricuspid valve: The tricuspid valve appears normal with mild to moderate double jet of 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.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.3
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.44
LVID diastole (cm)	1.6
PW thickness (cm)	0.48
LVID systole (cm)	0.8
FS (%)	49

Doppler Measurements

PV Vmax (m/s)	0.71
AoV Vmax (m/s)	0.73
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

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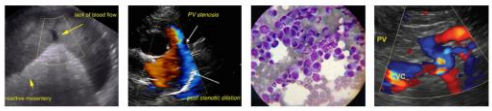

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INTERPRETATION OF THE FINDINGS

Unchanged cardiac structure and function is identified. The LA and RA dimensions are stable (potentially mildly improved) without significant LV pathology. No additional issues are identified.

Given these findings, no medications are indicated. Reassessment remains the conservative approach although it is certainly encouraging that no change is identified here.

The ECG does show isolated APCs. These may be due to stress, secondary to mild structural changes or may reflect an underlying systemic pathology. Consider systemic evaluation if warranted. No treatment is indicated; however, monitoring for any signs of sustained arrythmias is advised (syncope or acute lethargy).

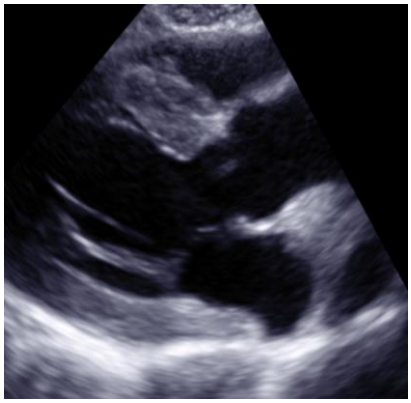
RECOMMENDATIONS

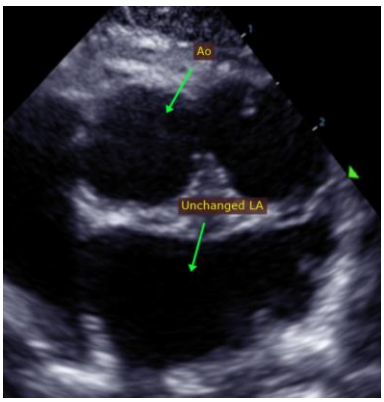
- No medications are indicated.
- Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the 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.).

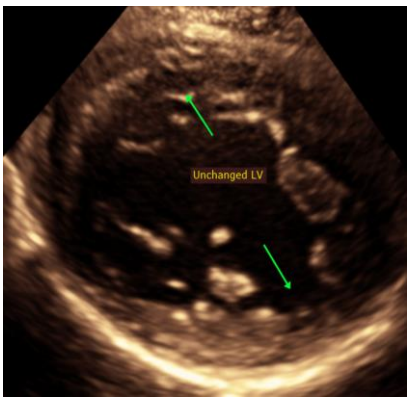
PLAN

- Recommend recheck echocardiogram in 6-12 months to assess rate of progression, sooner if any issues arise in the interim.

IMAGES







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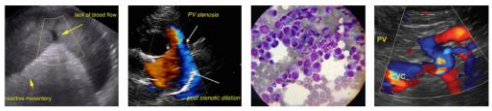

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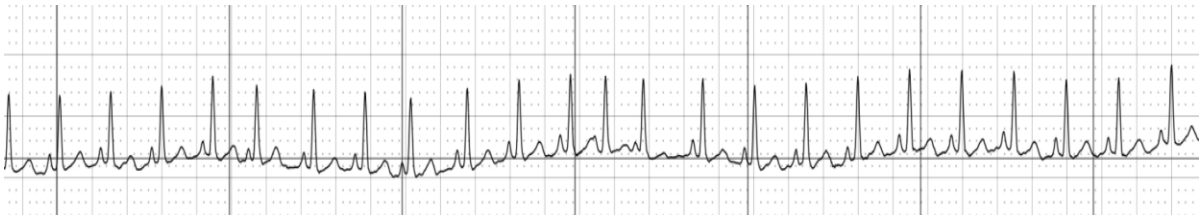

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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