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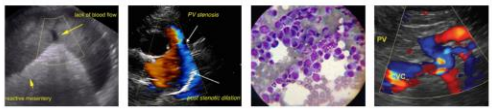
Pet Animal Ultrasound Service
4paus.com 781-635-5677



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

PATIENT
Henry Harkins

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
11 years

WEIGHT
10.3lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Parkway Veterinary Hospital

REFERRING VET
Dr. Zepenick

INVOICE
27171

DATE
10/28/22

PRESENTING CLINICAL SIGNS
History: Annual PE (9/1/22): Grade III/VI parasternal murmur and an intermittent arrhythmia was noted, eupneic54, lungs clear, SSP.

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 average heart rate is 88bpm with an underlying sinus rhythm. P for every QRS complex and vice versa. P and QRS morphologies are positive. Frequent APCs are seen throughout; singles only. No ventricular premature beats, pauses or dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm with frequent isolated 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 irregular with a focal septal thickening. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic.
Left atrium: The left atrium is normal. 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 mildly thickened. 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.

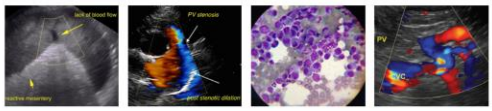
2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.3
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.72
LVID diastole (cm)	1.4
PW thickness (cm)	0.49
LVID systole (cm)	0.3
FS (%)	76

Doppler Measurements

PV Vmax (m/s)	1.3
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS
Mild abnormalities are identified, including a focal septal thickening, which may reflect early hypertrophic disease or may simply be a normal variant. The remainder of the LV measures normal. No cause for the murmur is identified, making it likely physiologic in origin. Most importantly, the LA measures normal indicating low risk for complication at this time. No additional issues are noted.



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Prognosis is guarded, due to the highly variable rates of progression with subclinical feline cardiomyopathy.

The ECG does show frequent 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).

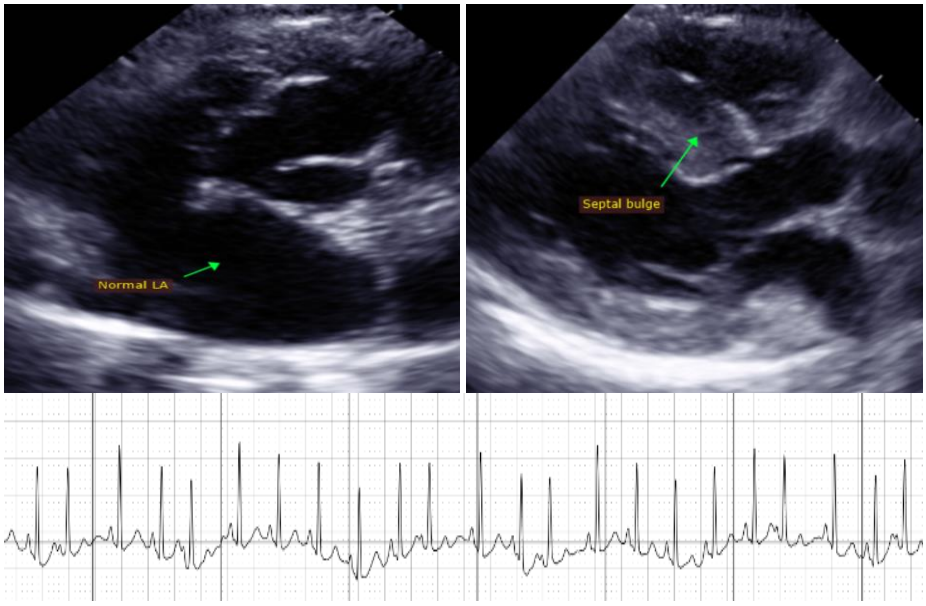
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Monitor BP and T4 every 6 months.
- Consider further systemic evaluation given APCs.
- 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). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.
- Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.
- 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 screen for progression, sooner if any clinical signs arise in the interim.

IMAGES



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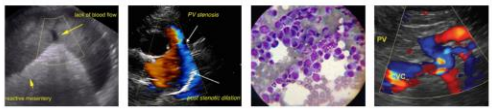

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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