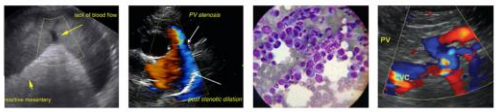
Mass Veterinary Specialty Services
1-413-734-1292



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT
Winslow Michaels-Paradise

SPECIES
Feline

BREED
Persian

SEX
Male Neutered

AGE
10 years

WEIGHT
7.2lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Specialty Services

REFERRING VET
Dr. Masloski

INVOICE
21357

DATE
10/5/21

PRESENTING CLINICAL SIGNS

History: Winslow referred to evaluate a murmur noted since 2015. He needs dental work. His most recent thyroid level in April was normal. He is doing well with no C/S/V/D. History bladder stones and cystotomy with a cystotomy/PU combo. His activity remains normal. CV/RESP: NSR, no obvious murmurs noted but significant upper airway noises noted, PSS, lung fields clear with exception of referred upper airway noises, compressible thorax . BP: 110mmHg x 4.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is borderline increased with adequate myocardial function. The LV wall thicknesses are irregular with regions of thinning contrasting regions of normal to slightly increased dimension. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. False tendon. The papillary muscles are mildly remodeled and hyperechoic.
Left atrium: The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.
Mitral valve: The mitral valve is normal in structure and mobility with 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 normal in dimension.
Tricuspid valve: The tricuspid valve appears normal with trace 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 150bpm.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.1
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.52
LVID diastole (cm)	1.3
PW thickness (cm)	0.38
LVID systole (cm)	0.8
FS (%)	39

Doppler Measurements

PV Vmax (m/s)	0.6
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 primary abnormality identified is borderline LV dilation with a highly remodeled LV wall morphology with regions of thinning. This may be a normal variant; however, follow up is certainly advised as this may reflect early restrictive disease (RCM). The LA is borderline normal indicating low risk for complication at this time. Serial echocardiography will be necessary to determine progression. No cause for the murmur is identified in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.).

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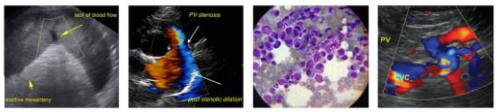

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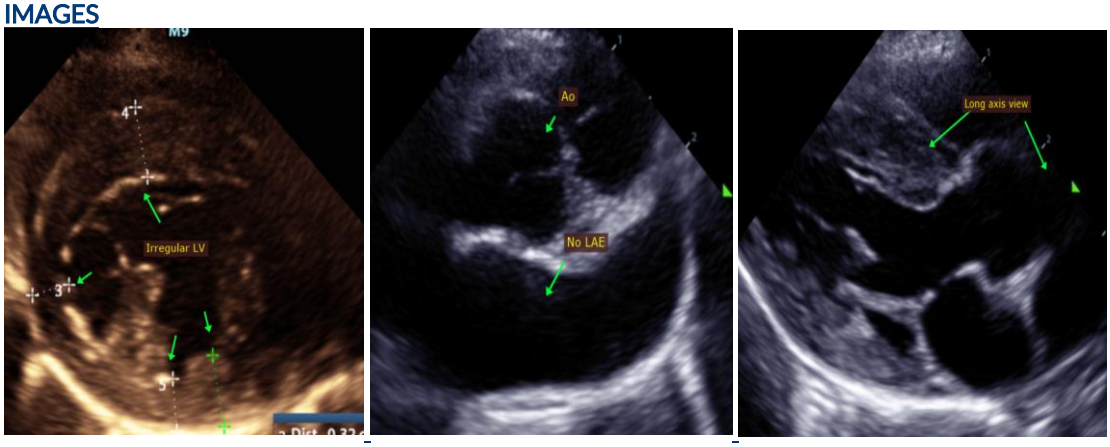
RECOMMENDATIONS

- 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 this degree of LV remodeling 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
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)