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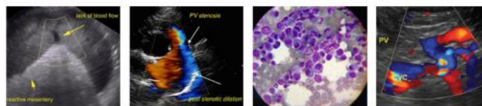


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Eowyn Marcus

SPECIES
Feline

BREED
DMH

SEX
Female Spayed

AGE
7 years

WEIGHT
7.9lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Wignall Animal Hospital

REFERRING VET
Dr. Cringan

INVOICE
26745

DATE
10/6/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History mildly increased flow velocity in LVOT, quadricuspid aortic value. Currently, doing well- good appetite and normal activity level. BP: 141, 141, 140, 136mmHg.
-Pertinent previous echo findings (12-16-21 Carley Saelinger, DVM, DACVIM - Cardiology): LA1.48 cm; LA: Ao 1.37, LV 1.28 cm, LVOT Vmax 1.87 m/s.

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. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly remodeled. The endocardium appears mildly remodeled. Abnormal projection in the region of the LVOT (basilar septum) causing a sub-valvular stenosis.
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. No obvious systolic anterior motion is seen. No MR.
Aortic valve/Aorta: The aortic valve is abnormal with a quadricuspid appearance. No obvious stenosis through the valve is visualized. Trace aortic insufficiency. The ascending aorta is significantly dilated. Mildly elevated flow velocity through the LVOT (fixed profile).
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 240bpm.

2-Dimensional Measurements

Measurement	Value
Ao diam (cm)	1.0
LA diam (cm)	1.4
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.4
LVID diastole (cm)	1.6
PW thickness (cm)	0.4
LVID systole (cm)	0.6
FS (%)	64

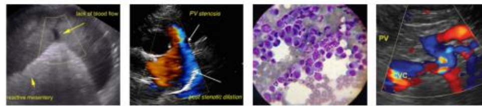
Doppler Measurements

Measurement	Value
PV Vmax (m/s)	1.2
AoV Vmax (m/s)	1.9
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings appear similar. The aortic valve is abnormal with mildly increased flow velocity through the region. A small aortic leak is noted, which was not previously seen, and lifelong blood pressure monitoring is advised. The LV remains normal without evidence of pressure overload. Finally, the LA is normal indicating low risk for complication.

Given these findings, no medications are warranted. Lifelong follow up is advised; however, lack of progression thus far is certainly a good sign.



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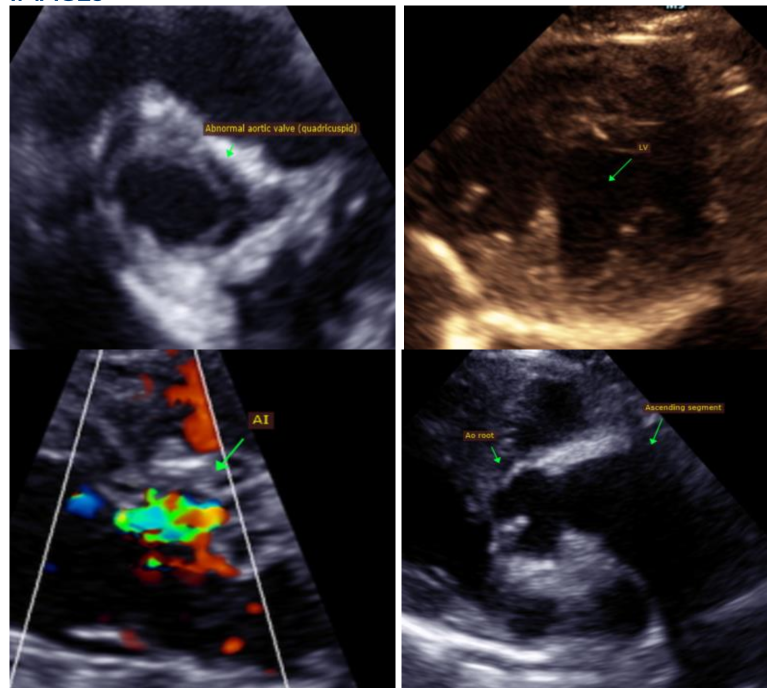
RECOMMENDATIONS

- Lifelong monitoring of BP monitoring is recommended.
- Mildly elevated risk for general anesthesia with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.
- Prophylactic antibiotics should be initiated 2-3 days prior to any surgical event due to a relatively elevated risk for endocarditis.
- 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 annually, sooner if clinical signs 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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