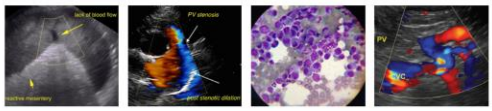
PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



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

PATIENT
Little Richard Cornell

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
12 years

WEIGHT
8.5lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
New England Animal Medical Center

REFERRING VET
Dr. Fernandez

INVOICE
21805

DATE
11/1/21

PRESENTING CLINICAL SIGNS

History: Increased respiratory rate and hyporexia x one week. On exam, grade II/VI holosystolic murmur, marked gallop. Resp: harsh lung sounds bilaterally, increased RR and RE; mild abdominal breathing. No medications.

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 borderline normal. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles appear normal. The endocardium appears remodeled.

Left atrium: The left atrium and auricle are severely dilated. No obvious smoke or thrombi seen.

Mitral valve: The anterior leaflet of the mitral valve is thickened and club-like, consistent with dysplasia. Stenosis seen on inflow morphology, 2D/m-mode imaging and color flow Doppler. No obvious systolic anterior motion is appreciated. Severe eccentric mitral regurgitation is noted. Normal velocity.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Mild right atrial enlargement.

Tricuspid valve: The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Velocity consistent with mild pulmonary hypertension.

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: Scant pericardial effusion noted. Small pockets of pleural effusion noted. No obvious cardiac masses.

2-Dimensional Measurements

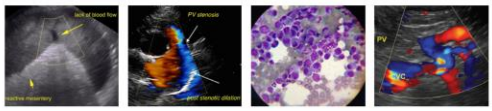
Ao diam (cm)	0.96
LA diam (cm)	2.6
LA:Ao (Swe)	2.7
IVS thickness (cm)	0.53
LVID diastole (cm)	1.66
PW thickness (cm)	0.54
LVID systole (cm)	0.61
FS (%)	63

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	5.4
TR Vmax (m/s)	3.3
TR PG (mmHg)	43

INTERPRETATION OF THE FINDINGS

The diagnosis is mitral valve stenosis. This is a form of mitral valve dysplasia (i.e., present from birth), where the valve doesn't open adequately. There is also abnormal closer with a severe mitral leak as the cause of the murmur. No obvious systolic anterior motion is visualized, and the LV is overall normal. There is also mild right atrial enlargement and evidence of mild pulmonary hypertension, this is suspected to be due secondary to active congestion; however, follow up is advised. Clinical significance of this finding is unclear. No additional issues are identified.



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The LA is severely dilated, indicating the patient is unstable and the cause of the effusions is certainly congestive heart failure. The patient is at high risk for decompensation or a thrombotic event at this time. Depending on stability patient may need hospitalization for a thoracocentesis if indicated. Otherwise, full cardiac support should be instituted as below including diuretic therapy. The goal is to prolong asymptomatic life. Long term prognosis is poor given the severity of disease. Most cats can be managed on medications for an average of 8-12 months once CHF occurs.

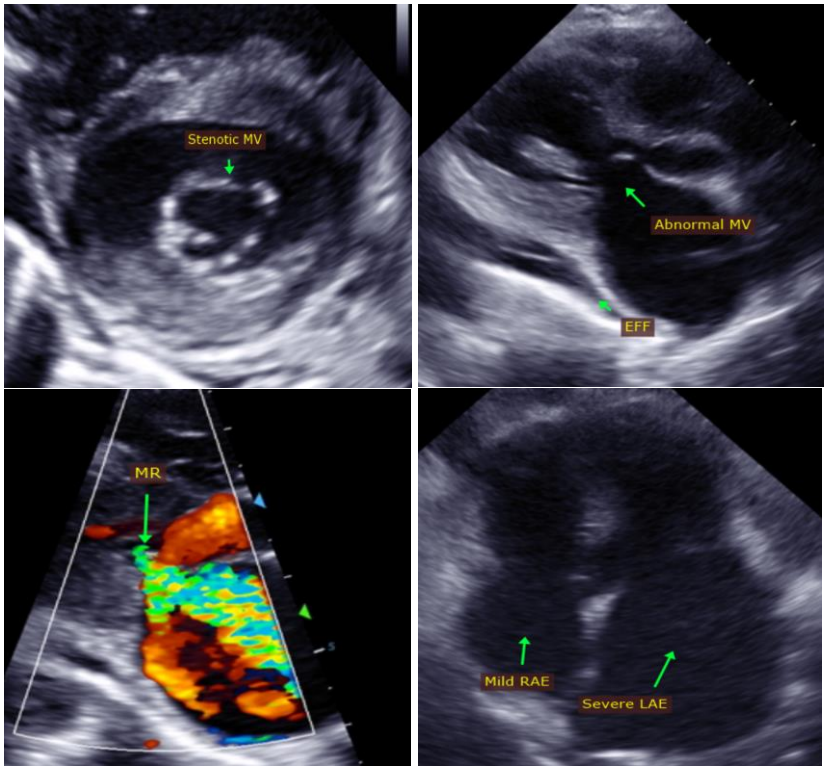
RECOMMENDATIONS

- Consider hospitalization and/or thoracocentesis if unstable.
- Institute diuretic furosemide/Lasix 1-2mg/kg PO q12h.
- Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges. Coat in entirety).
- Institute Pimobendan to 1.25mg PO q12h.
- Recheck renal panel and HR/BP in 1-2 weeks. If doing well at this time and BP is >130mmHg, institute ACE-I 0.5mg/kg PO q12h.
- Elective anesthesia is not advised.
- 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 months to screen for progression, sooner if clinical signs arise in the interim.

IMAGES



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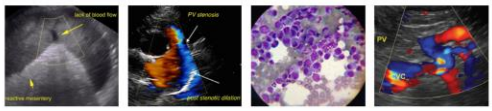

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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