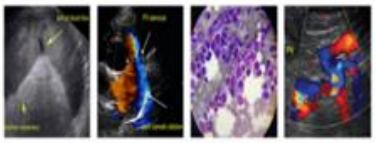
Mass Veterinary Services



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PATIENT
Gigi Goncalves

SPECIES
Feline

BREED
DLH

SEX
Female Spayed

AGE
11 years

WEIGHT
17.19lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
27687

DATE
11/29/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM, dynamic right and left ventricular outflow obstruction. Presently, Gigi is doing well with good appetite and activity level. No respiratory issues. On exam: NSR, grade II/VI parasternal murmur, PSS, lung fields clear. BP: 120 mmHg x5. Current medications: Atenolol 25mg, 1/4-tab daily was prescribed ---owner only gave for 2 weeks then stopped due to difficulty medicating. *No sedation for study.
-Pertinent previous echo findings (2/1/18 Nancy Morris, DVM, DACVIM-Cardiology): LA 1.47 cm; LA:Ao 1.44; IVS 0.58 cm; PW 0.63 cm; LVH predominately posterior wall, LVOT Vmax 2.55 m/s, dynamic profile, 2+ MR, MV SAM.

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 thickness is asymmetric with a normal septum and mild free wall thickening. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hyperechoic. The endocardium appears mildly remodeled.
Left atrium: The left atrium is borderline enlarged. No smoke or thrombi seen.
Mitral valve: The MV leaflets appears normal. Intermittent systolic anterior motion is suspected, although not readily apparent. Trace MR.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mildly elevated aortic outflow velocity. 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.
Pulmonary 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 200bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.4
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.44
LVID diastole (cm)	1.4
PW thickness (cm)	0.69
LVID systole (cm)	0.5
FS (%)	64

Doppler Measurements

PV Vmax (m/s)	1.3
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Hypertrophic obstructive cardiomyopathy (HOCM) persists as was noted previously. The degree of disease is mild with mild focal free wall thickening and suspicion for an intermittent dynamic LVOT obstruction (SAM). The degree of disease is unchanged compared to the prior study with no significant left atrial enlargement. This indicating the risk for spontaneous CHF and/or a thrombotic event is currently low. No additional issues are identified.

While no medications have been shown to definitively alter long term outcome at this stage of disease, atenolol is often initiated to decrease the outflow obstruction. Given the

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mild nature of the findings and lack of progression in four years, continued monitoring is recommended without medications.

Prognosis is guarded given the highly variable nature of feline cardiomyopathy.

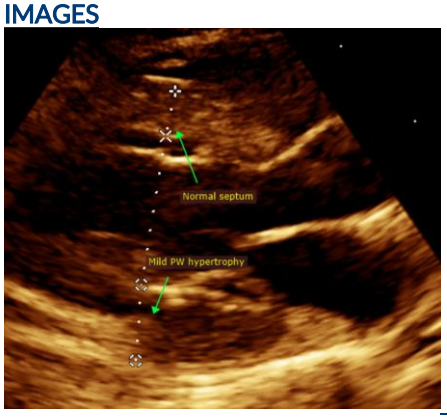
RECOMMENDATIONS

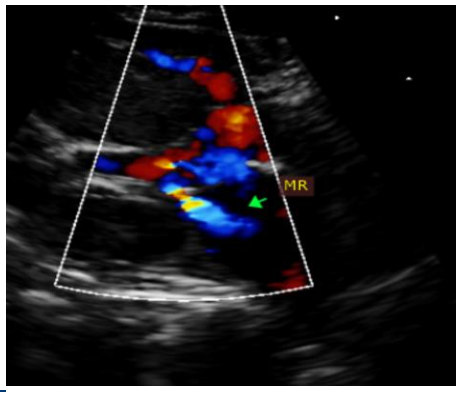
- No medications are clearly warranted.
- Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen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





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)

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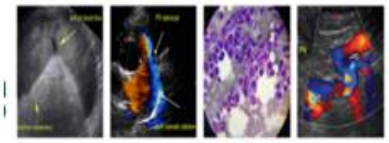

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