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Clinical Sonography & Telecytology
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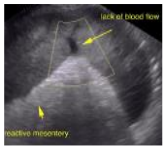
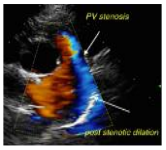
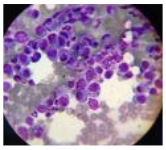
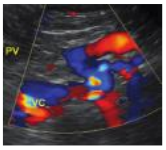

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Eloise Phillips

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
7 years

WEIGHT
8lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Lindsey Daniel, DVM

HOSPITAL NAME
Double Churches Animal Clinic

REFERRING VET
Dr. Boone

INVOICE
22308

DATE
12/6/21

PRESENTING CLINICAL SIGNS

History: Recheck echo.
-Current medications: Atenolol.
-Pertinent previous echo findings (4/2021 MML): HOCM with moderate LVH, borderline LAE, LVOTO, mild MR. IVSd: 0.7, LVWd: 0.78, LA: 1.3.

ECHOCARDIOGRAM FINDINGS *limited imaging submitted*

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is severely hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Decreased LV chamber dimension with LV dysfunction. Mild papillary muscle remodeling. The right ventricle is subjectively normal in size and morphology. There is severe left atrial enlargement present. No right atrial enlargement present. Systolic anterior motion (SAM) of the mitral valve is present, with a clear obstruction on 2D imaging (not captured on color flow or Spectral doppler). There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	------	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.6	220	0.87	0.9	0.83	33	60
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) (Abbott)	LA 2D short axis Base view (cm) (Abbott)		LVOT VEL (m/s)	RVOT VEL (m/s)	E max (m/s)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	2.0	2.0		NM	NM	NM

**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
Adapted from June Boon, Veterinary Echocardiography,1998
Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, there is significant progression in disease severity compared to the prior study. The LV wall dimensions are increased, the LV systolic function depressed, and the LA is severely dilated. Additionally, the heart rate remains severely elevated despite reported Atenolol therapy and should be adjusted as below. The target heart rate in hospital is 140-160bpm stressed.

Given severity of left atrial enlargement, this patient's risk for spontaneous decompensation is high (CHF, thrombotic event, malignant arrhythmias/sudden death at home). Because of this, recommend institution of Plavix if able to help decrease the risk of a thrombotic event. Additionally, assuming the BP is reasonable, an ACE-I should also be considered for potential antifibrotic and vasodilatory benefits. No obvious indication for Lasix therapy prior to respiratory signs; however, I would not hesitate to institute this should any persistent changes be noted in the future.

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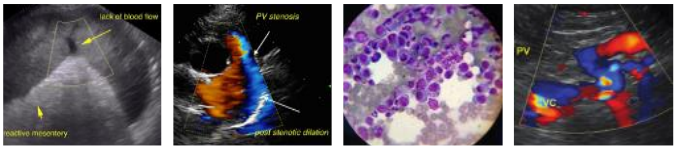

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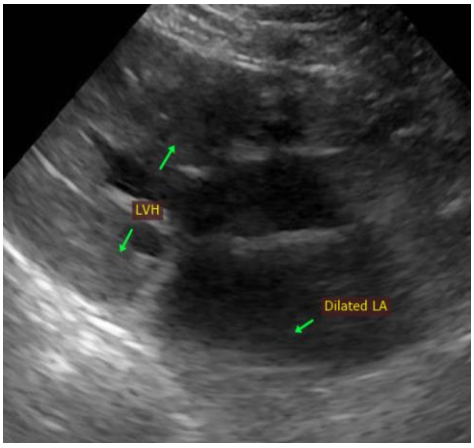
Monitor for any respiratory signs or blood clot events (neurologic change, paralysis, etc.). Monitoring of sleeping breathing rates is advised as the best way to screen for progression to CHF at home.

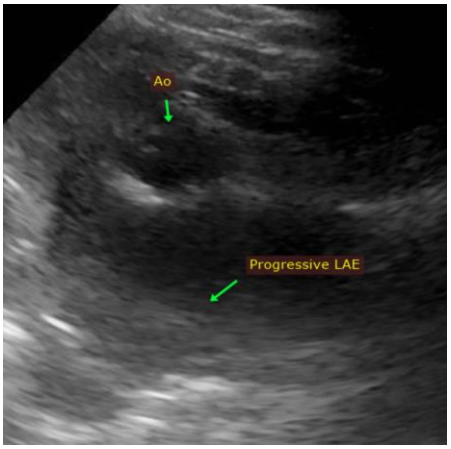
Ideally, steroids, fluid therapy and/or anesthesia should be avoided in this patient going forward.

Plan: Baseline BP recommended; if >130mmHg institute ACE-I 0.5mg/kg PO q12h. Up titrate Atenolol to effect with a target stressed heart rate of 140-160bpm. Institute anti-coagulant Plavix/Clopidogrel 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety). If any respiratory signs are noted at home, do not hesitate to institute Lasix in this patient (1-2mg/kg PO q12h).

A recheck echocardiogram is recommended in 6 months, 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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com