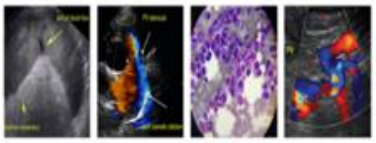
Mass Veterinary Services



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

PATIENT
Reggie Calvo

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
4 years

WEIGHT
11.81lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
28705

DATE
2/123

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM with moderate LAE. Presently, Reggie is presently doing very well with a good appetite and normal activity level. His resting heart rate at home is 116-136. On exam: NSR, grade II/VI parasternal murmur, PSS, lung fields clear with the exception of mild increased inspiratory sounds in left caudal dorsal lung fields, compressible thorax, mm pink, moist, CRT<2. BP: 140mmHg x 4. Current medications: 1) Plavix/clopidogrel 75mg 1/4 tab daily 2) Atenolol 25mg 1/4 tab daily (owner giving much less) *No sedation for study.
-Pertinent previous echo findings (3/31/22 MML): LA 1.8cm;LA:Ao 1.8; IVS 0.79 cm; PW 0.77 cm; moderate LAE; moderate LVH with papillary muscle and endocardial remodeling, LVOT Vmax 2.6 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 moderately increased. The papillary muscles are remodeled. The endocardium appears mildly remodeled and fibrotic.
Left atrium: The left atrium is moderately dilated with a horizontal component. The auricle appears dilated as well. No smoke or thrombi seen.
Mitral valve: The anterior leaflet of the mitral valve is mildly elongated, however normal thickness. Systolic anterior motion is seen on 2D imaging. Mild eccentric MR.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mildly increased aortic outflow velocity with a dynamic profile. 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 150bpm.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.8
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.75
LVID diastole (cm)	1.48
PW thickness (cm)	0.75
LVID systole (cm)	0.47
FS (%)	68

Doppler Measurements

PV Vmax (m/s)	0.63
AoV Vmax (m/s)	2.3
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 LV wall dimensions are unchanged and the LA remains moderately enlarged. The heartrate is well controlled; however, the LVOTO persists. No obvious additional issues are identified.

Given these findings, continue Atenolol and Plavix therapy as prescribed with no additional medications warranted.

Mass Veterinary Services

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

PATIENT
Reggie Calvo

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
4 years

WEIGHT
11.81lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
28705

DATE
2/123

Prognosis remains guarded at this stage of disease with risk for CHF, blood clot events and/or sudden death going forward.

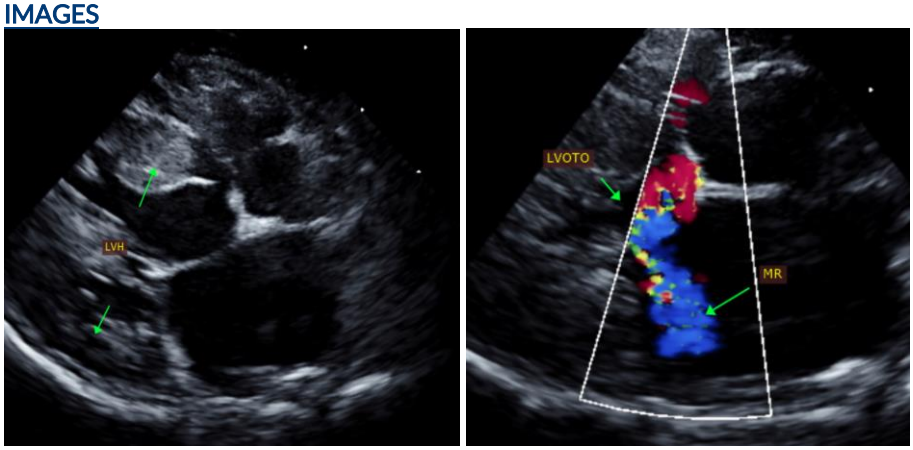
RECOMMENDATIONS

- Continue Atenolol and Plavix as prescribed.
- Lasix is no longer listed in the history; however, if this is being administered, this should also be continued.
- Screening BP/T4 is recommended every 6 months.
- Anesthetic risk is considered elevated and should be avoided, with high 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.
- 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 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)