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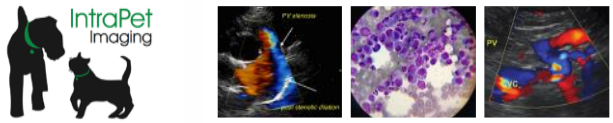

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT
Guinness Jacob

SPECIES
Feline

BREED
Maine Coon

SEX
Male Neutered

AGE
6.15.08

WEIGHT
11.7lbs

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

IMAGING PERFORMED BY
Stephanie Pearce, RDCS, RVT

HOSPITAL NAME
Prime Care Animal Hospital

REFERRING VET
Dr. Martin

INVOICE
22550

DATE
2.14.22

PRESENTING CLINICAL SIGNS

History: Recheck echo.
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results (1-27-2020 MML): No LVH, remodeling and fibrosis. Early HCM suspected in 2017.
-STAT: Not requested

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is an irregular hyperechoic endocardium consistent with fibrosis. False tendons. The endocardium also appears remodeled. Mild papillary muscle remodeling. The left atrium is normal in size. The right atrium is normal in size. Trace TR. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. Blood flow through both the LVOT and RVOT are normal in velocity. No AI/PI. No cardiac tumors are seen. No pleural or pericardial effusion.

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.3	170	0.4	1.5	0.4	50	85
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	1.0	1.1		0.83	0.83	NM

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

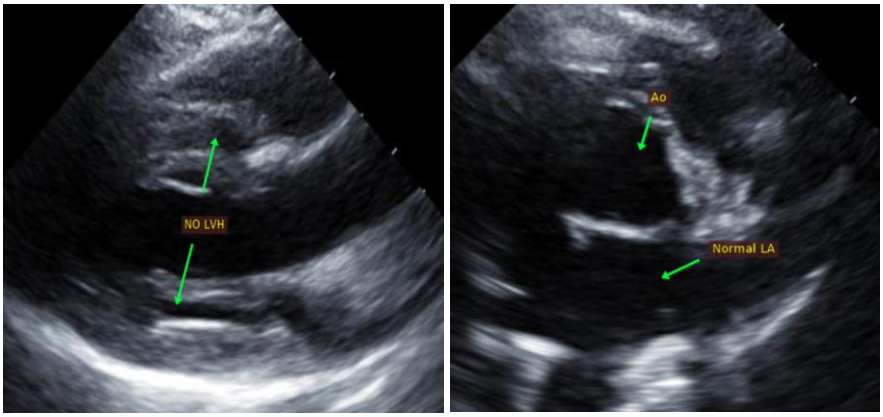
Unchanged essentially normal cardiac dimensions and function. There is no evidence of HCM or underlying structural pathology at this time. No cause for the murmur is identified, making it likely physiologic in origin.

With this degree of remodeling and diastolic stiffening, there is an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended. The risk for general anesthesia is low, however heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary.

Monitor for any signs of cardiac compromise, including respiratory changes or signs of a blood clot event.

Recommend recheck echocardiogram every 1-2 years to screen for any progressive changes, 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.

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