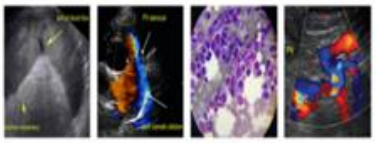
Mass Veterinary Services



SonoPath
Clinical Sonography & Telecytology
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PATIENT
Maui Here Today Sanctuary

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
1.8 years

WEIGHT
8.7lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
28971

DATE
2/14/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History restrictive cardiomyopathy. History aplastic anemia. Presently, Maui is doing well with a good appetite and normal exercise level (for him). His PCV is hovering in the low 20's and has not worsened since stopping the darbo several months ago. On exam: NSR, grade III/VI parasternal murmur, PSS, lung fields clear, compressible thorax , mm pale pink, moist, CRT<2. BP: 130mmHg x 5. Current mediations: 1) Pimobendan/vetmedin 1.25mg 1 tab twice a day 2) Gabapentin 50mg 1-2 capsules prn 3) Prednisolone 5mg daily 4) Chlorambucil/leukoran 2mg eod 5) Pet tinic 6) Fortiflora *No sedation for study.
-Pertinent previous echo findings (5/10/22 MML): LA 1.5 cm; LA:Ao 1.6; LV 1.8 cm; mild LAE; mild LVE with mild systolic dysfunction. Atypical LV endocardial fibrosis and irregular wall thicknesses without hypertrophy.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is mildly increased with mildly depressed myocardial function. The LV wall thicknesses are irregular without hypertrophy. There is a diffusely hyperechoic endocardium consistent with atypical fibrosis. False tendons. The papillary muscles are remodeled and hyperechoic.
Left atrium: The left atrium is mildly dilated; however, bulbous in appearance. No obvious smoke or thrombi seen.
Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No MR.
Aortic valve/Aorta: The aortic valve is normal. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.
Right ventricle: Normal RV.
Right atrium: Mild right atrial enlargement.
Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.
Pulmonic 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 240bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.4
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.38
LVID diastole (cm)	1.7
PW thickness (cm)	0.45
LVID systole (cm)	1.1
FS (%)	35

Doppler Measurements

PV Vmax (m/s)	1.3
AoV Vmax (m/s)	1.9
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are similar. The LV is mildly dilated with mild dysfunction and the LA mildly increased. No obvious additional issues have developed, and no progression is appreciated.

Given these findings, Pimobendan should be continued going forward. No obvious indication for additional medications.

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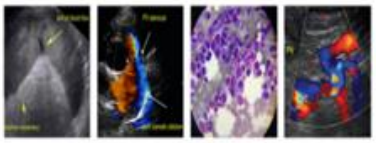

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The long-term prognosis remains guarded; however, lack of progression is certainly a good sign. There will always remain risk for progression to CHF and development of blood clots in the future. Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

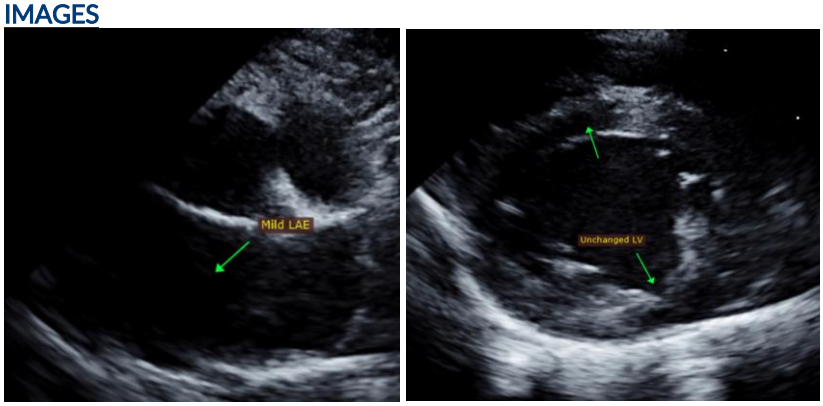
RECOMMENDATIONS

- Continue Pimobendan (off label use) 1.25mg PO q12h.
- Anesthetic risk is considered moderately elevated, and 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 and/or fluid therapy should be avoided lifelong unless absolutely necessary.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes, collapse and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- Recheck echocardiogram in 6-12 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
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info@sonopath.com

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)