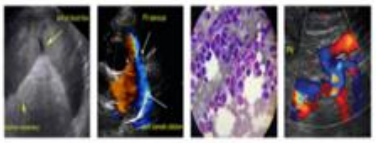
Mass Veterinary Services



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

PATIENT
Caramel Fairman

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
14 years

WEIGHT
6.4lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
22747

DATE
2/22/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HCM and controlled hyperthyroidism. History IBD. Currently, doing well with no issues. Grade II/VI murmur. BP: 190mmHg.
-Current medications: 1) Methimazole 5mg 1/2 tab twice a day 2) Prednisolone 20mg/ml 0.1mls daily 3) Amlodipine 2.5mg 1/2 tab daily 4) Atenolol 25mg 1/4 tab daily.
-Pertinent previous echo findings (6/29/21 MML): LA 1.5 cm; LA:Ao 1.4; IVS 0.48 cm; PW 0.63 cm; LVOT 0.95 m/s; mild LAE - mild progression noted. *Sedated with propofol for study.

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 asymmetric with borderline free wall thickening. The septum appears irregular with a region of borderline hypertrophy.
Left atrium: The left atrium is severely dilated and bulbous in appearance. No obvious spontaneous contrast or thrombi seen.
Mitral valve: The mitral valve is normal in structure. No obvious SAM appreciated. Moderate central MR due to annular stretch.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. 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 trace 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 140bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.9
LA:Ao (Swe)	1.9
IVS thickness (cm)	0.46
LVID diastole (cm)	1.7
PW thickness (cm)	0.58
LVID systole (cm)	0.6
FS (%)	65

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	0.93
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Unfortunately, there is significant progression noted on this exam. Previously mild disease is now severe with marked left atrial enlargement. No obvious SAM is appreciated, and no additional issues are identified.

Given these findings, recommend institution of both Plavix and low-dose Lasix, given the high risk for decompensation. Reasonable to continue Atenolol as prescribed as the heart rate appears well controlled. If bradycardia is noted in the future, a dose adjustment or discontinuation may become indicated.

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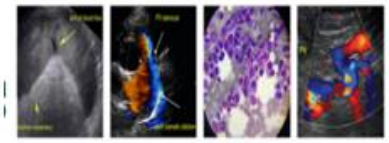

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Close monitoring for CHF is advised, including respiratory changes or signs of a blood clot event. Long term prognosis is poor; however, it is encouraging this patient continues to do well despite these findings. Patient will always be at risk for CHF, blood clot events and/or sudden death in the future.

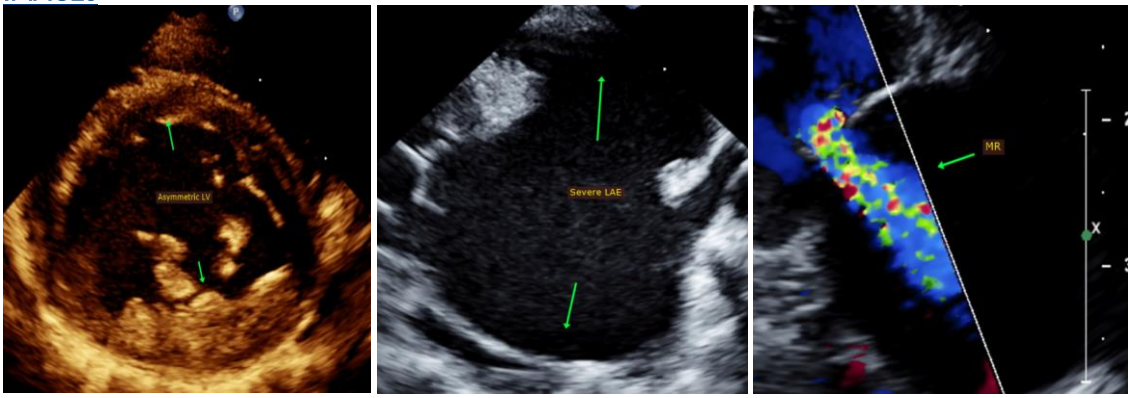
RECOMMENDATIONS

- Continue Atenolol as prescribed.
- Institute Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).
- Institute Lasix 1mg/kg PO q12h.
- Recheck renal panel in 1-2 weeks then every 4-6 months.
- Elective anesthesia is not advised.
- 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 screen for progression, sooner if clinical signs 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)