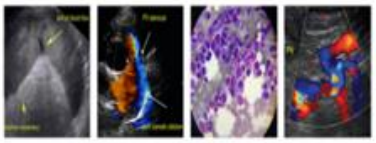
Mass Veterinary Services



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

PATIENT
Timmy Waddell

SPECIES
Feline

BREED
Tokinese

SEX
Male Neutered

AGE
15 years

WEIGHT
10.25lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
22772

DATE
2/23/22

PRESENTING CLINICAL SIGNS

History Timmy had an issue of labored breathing after he received an enema recently. He has a history of asthma, constipation as well as an elevated ProBNP (1500). On auscultation: gallop rhythm noted, grade II/VI murmur noted on sternum, PSS, lung fields clear, compressible thorax. BP: 170mmHg x 5. No cardiac medications. *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 moderate generalized thickening. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are hypertrophied and hyperechoic. The endocardium appears mildly remodeled.
Left atrium: The left atrial and auricle are severely dilated. No obvious smoke appreciated.
Mitral valve: The mitral valve is normal in structure and mobility. Systolic anterior motion is suspected on 2D imaging. Mild MR.
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.
Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation. Normal velocity.
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 200bpm.

2-Dimensional Measurements

Ao diam (cm)	0.7
LA diam (cm)	1.7
LA:Ao (Swe)	2.4
IVS thickness (cm)	0.6
LVID diastole (cm)	1.1
PW thickness (cm)	0.73
LVID systole (cm)	0.46
FS (%)	58

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	0.87
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.1
TR PG (mmHg)	18

INTERPRETATION OF THE FINDINGS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis. In this mildly hypertensive patient, both should be considered. The hypertrophy is significant and severe left atrial enlargement has developed. This indicates risk for complication in the future. Systolic anterior motion is suspected (although not confirmed), due to sedation. No additional issues are identified.

Even with left atrial enlargement, utilization of medications in subclinical feline cardiomyopathy cases is of debatable benefit. If the patient is easily medicated, consider use of Benazepril (pending BP measurement), for both vasodilatory and anti-fibrotic benefits, as well as Plavix (Clopidogrel) to decrease the risk for blood clot events. Atenolol is not clearly indicated without observing a significant obstructive component of disease. Lasix is not indicated until symptoms or radiographic evidence of CHF; however, given the

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noted recent event, this may also be reasonable. Prognosis is guarded long-term given risk for progression to CHF and/or blood clot event.

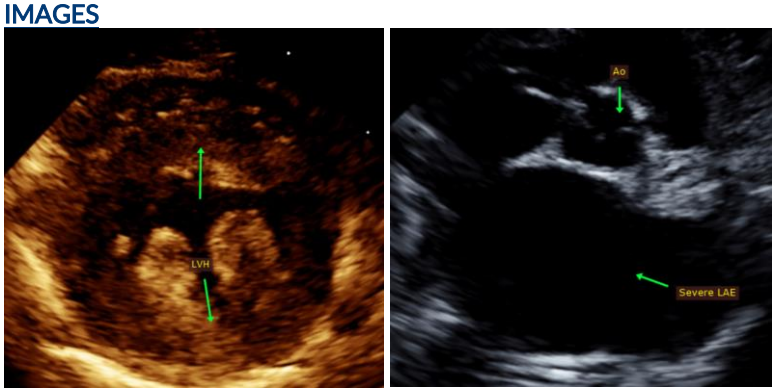
RECOMMENDATIONS

- If elected, institute Clopidogrel (Plavix) 75mg tablets, Give ¼ tab orally every 12 hours. NOTE: This medication is bitter along the cut edge and may cause hypersalivation. Recommend fully coat the tablet in a pill pocket or food.
- If elected, institute ACE-I 0.5mg/kg PO q12h.
- If elected, institute low-dose Lasix 1mg/kg PO q12h.
- Monitor BP and T4 every 6 months as exacerbating issues.
- Anesthetic risk is considered moderately elevated, 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.
- Risk for complication with steroid use follows left atrial dilation, which in this case is certainly elevated. Ideally, avoid steroids in this patient given the risk for fluid overload. If elected for systemic wellness, close monitoring of RR/RE particularly during the initiation phase is recommended.
- 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, sooner if clinical issues 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

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