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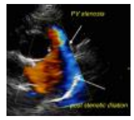

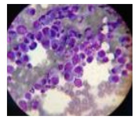

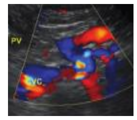

SonoPath

Clinical Sonography & Telecytology

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PATIENT

Silas St Clair

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

7.21.15

WEIGHT

11lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Timonium Animal Hospital

REFERRING VET

Dr. Stephens

INVOICE

29288

DATE

2/28/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well at home.
-Current medications: Lantus Insulin.
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results (8/2022 MML): VPCs, no LVH, mild LAE. IVSd: 0.54, LVWd: 0.53, LA/AO: 1.4.
-STAT: Not requested
-Imaging performed by: Andi Parkinson, BS, RDMS.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled. The mitral valve is normal with trace central MR. The left atrium is mildly dilated and bulbous in appearance. No obvious smoke. The right atrium is normal. Tricuspid valve is normal with no TR. The right ventricle appears normal. Blood flow through both the LVOT and RVOT is normal in velocity. No pericardial effusion seen. No pleural effusion. No obvious cardiac tumors.

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	5.0	NM	0.51	1.4	0.49	52	86
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	1.3	1.35		1.1	0.9	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

Compared to prior study, findings are similar. The LV is largely unremarkable with mild left atrial enlargement. Compared to the prior study there is no progression, which may suggest a normal variant; however, serial monitoring is the conservative recommendation. No additional structural issues are identified.

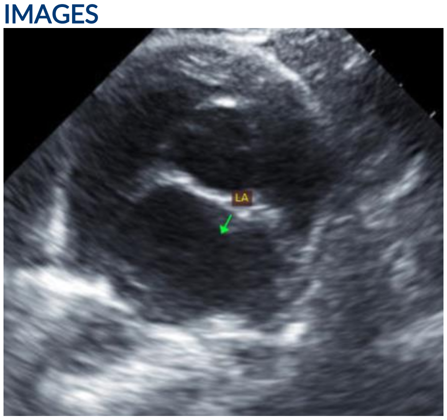
The patient had an abnormal ECG previously, which should also be periodically reassessed. No obvious dysrhythmias are observed in this study.

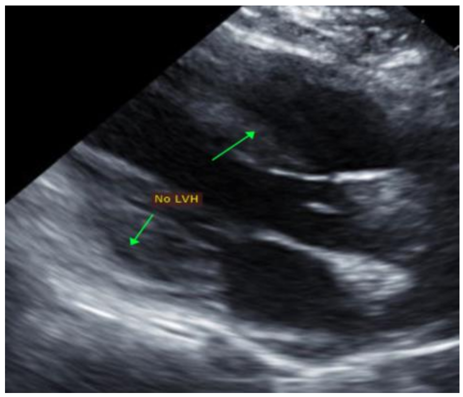
Going forward, the prognosis is guarded prior to screening for progression. Patient may be at risk for development of clinical signs going forward; however, stability is certainly a good sign.

Anesthetic risk is considered moderately elevated due to a combination of mild LAE and historical VPCs. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, alpha 2 agonists. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Monitor ECG intra and post-operatively, with careful intervention if ventricular arrhythmias are sustained (i.e., sustained VT) and lead to hemodynamic compromise.

A recheck echocardiogram and ECG is recommended annually, sooner if any recurrent episodes occur.

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