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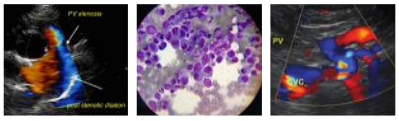

SonoPath
Clinical Sonography & Telecytology
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PATIENT
Miles Cosette

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
5.30.11

WEIGHT
14.6lbs

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

IMAGING PERFORMED BY
Stephanie Pearce, RDCS, RVT

HOSPITAL NAME
Noah's Ark Veterinary & Boarding Resort

REFERRING VET
Dr. Martinez-Hernandez

INVOICE
22398

DATE
2.7.22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Recent onset vomiting. Collapse episode when doing Radiographs. Grade II-III/VI heart murmur.
-Pertinent abnormal PE/Chem/CBC/UA Results: NSF. Recheck cardio ProBNP: Elevated but decreased from previous values.
-Radiographs: fecal material, but NSF.
-Current medications: Atenolol- 12.5mg - 0.5mls BID.
-Sedation used: Gabapentin PO.
-Pertinent previous ultrasound results (1.2021 MML): HOCM, mild LVH, Mild LAE, trace MR, IVSd: 0.59, LVWd: 0.60.
-STAT: Not requested.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. There is minimal left atrial dilation. No right atrial enlargement present. Normal RVOT velocity. There is trivial systolic anterior motion (SAM) of the mitral valve present, with a normal LVOT velocity. Trace eccentric mitral regurgitation seen. No tricuspid regurgitation. No AI/PI. There is no pericardial effusion noted. No pleural effusion appreciated. 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	6.6	157	0.59	1.6	0.62	46	80
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	1.4	1.4		1.3	1.4	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

HOCM persists with evidence of stability. The LV pathology is similar to previous, and the LA is normal. The LVOTO is minimal and appears well controlled on atenolol. No additional issues are noted in this study.

Given these findings, the risk for complication is low and no additional medications are indicated. Prognosis remains guarded long-term.

A syncopal episode with stressed is likely due to an acute increase in LVOTO, although difficult to confirm. If these recur, further evaluation may be necessary.

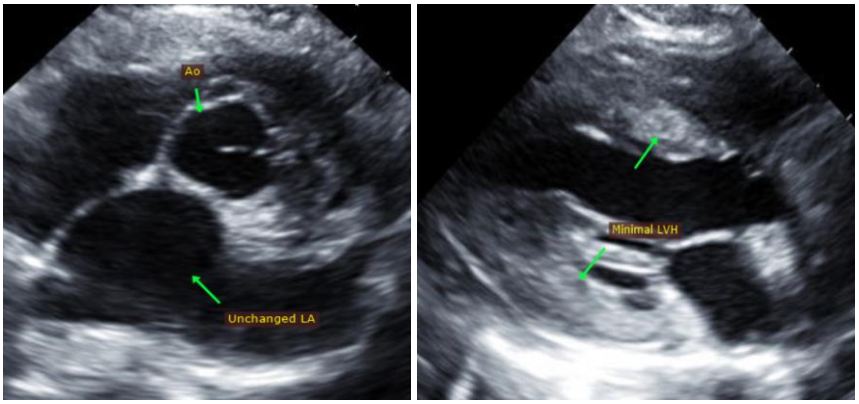
Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future. Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

PLAN

Continue Atenolol as prescribed. Screening blood pressure and T4 is recommended every 6 months.

Recommend recheck echocardiogram in 6 months to assess for progression, 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
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