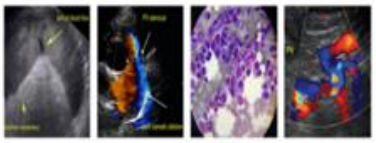
Mass Veterinary Services



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

PATIENT
Klaus Frith

SPECIES
Feline

BREED
Sphinx

SEX
Male Neutered

AGE
2.3 years

WEIGHT
10.1lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
22429

DATE
2/8/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History normal cardiac structure and function on prior echocardiogram (4/6/21 MML) performed as a screening. Currently, Klaus is doing well at home with no clinical issues. Good appetite and activity level. On auscultation, NSR, grade I/VI murmur with PMI left apical area, PSS, lung fields clear, compressible thorax. BP: 120-130mmHg. No medications. *No sedation.
-Pertinent previous echo findings: LA 1.3 cm; LA:Ao 1.3; IVS 0.43 cm; PW 0.47 cm. LVOT 1.1 m/s.

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 normal. There is a mildly hyperechoic endocardium consistent with fibrosis. Papillary muscles appeared mildly hyperechoic.
Left atrium: The left atrium is mildly enlarged. No obvious spontaneous contrast or thrombi seen.
Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen.
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 trivial 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 190bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.5
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.42
LVID diastole (cm)	1.6
PW thickness (cm)	0.41
LVID systole (cm)	0.65
FS (%)	59

Doppler Measurements

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	1.26
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, the only difference is mild LA enlargement. There is no obvious reason for this, and it may simply reflect normal variation. That being said, early unclassified disease is also a possibility and follow up is advised. The left ventricle remains unremarkable and unchanged. No cause for the murmur is identified in this study, making it likely physiologic in origin.

Given these findings, no medications are indicated. It is important to note that phenotypic HCM can develop at any phase of life in cats (particularly in this predisposed breed), and

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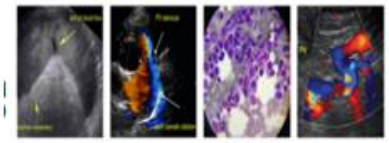

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often does not accompany a heart murmur or PE abnormalities. Periodic screening is ideally recommended in all cats.

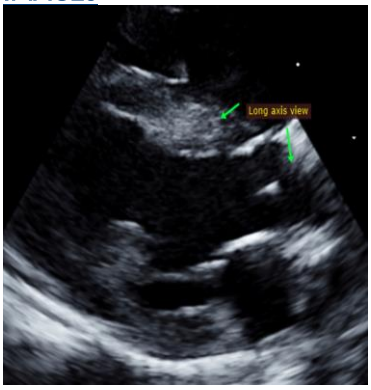
RECOMMENDATIONS

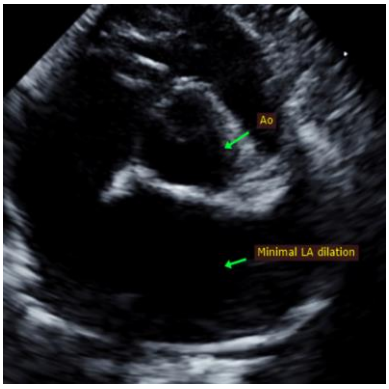
- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

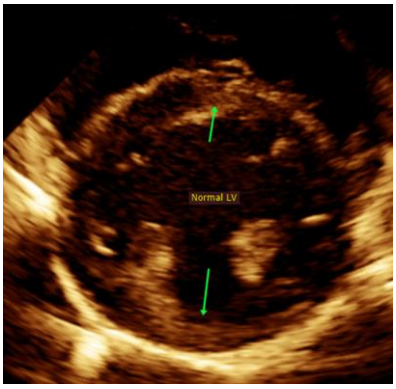
PLAN

Recommend recheck echocardiogram in 6-12 months, sooner if clinical signs of cardiac compromise are noted.

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)