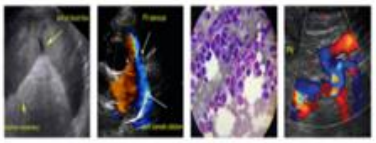
Mass Veterinary Services



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

PATIENT
Zsasz Demers

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
9 years

WEIGHT
11.56lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
22453

DATE
2/9/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Current presentation: Zsasz occasionally coughs/gags when he wakes up in the morning, but this is unchanged from several years (video looks like hairball cough). He is eating well with normal activity. On auscultation: NSR, grade II/VI murmur with PMI on sternum, PSS, lung fields clear, compressible thorax . BP: 110mmHg x 5.
-Current medications:) Pimobendan 3.75mg 1/3 tab twice a day 2) Enalapril 2.5mg 1/2 tab daily 3) Plavix 75mg 1/4 tab daily 4) Spironolactone 12.5mg 1/4 tab daily 5) Lasix 12.5mg 1/2 tab daily *No sedation for study.
-Pertinent previous echo findings (12/8/20 MML): UCM severe. LA: 1.7.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 20mm/mV. The average heart rate is 150bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. Isolated VPCs throughout with varying morphology. No couplets, triplets or runs of VT. No supraventricular beats, pauses or other dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm with isolated VPCs.

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 highly irregular, with regions of thinning along the apex and upper IVS. Significantly thickened free wall. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied and hyperechoic and highly asymmetric. The endocardium appears remodeled.
Left atrium: The left atrium is moderately dilated. No obvious spontaneous contrast or thrombi seen.
Mitral valve: The anterior leaflet of the mitral valve appears mildly elongated with abnormal motion. Trivial MR.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity with no evidence of obstruction; 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 no 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.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.6
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.65
LVID diastole (cm)	1.2
PW thickness (cm)	0.85
LVID systole (cm)	0.7
FS (%)	42

Doppler Measurements

PV Vmax (m/s)	0.81
AoV Vmax (m/s)	0.8
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

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INTERPRETATION OF THE FINDINGS

Significant yet stable structural disease. The LA is unchanged compared to previous and the LV pathology is similar. No obvious concurrent issues such as systolic dysfunction have developed. Even with relative stability, moderate LA dilation confers an elevated risk for clinical signs including CHF and/or blood clots.

The ECG does show persistent isolated VPCs. Only single beats are identified, and these are no doubt due to structural abnormalities +/- stress. Based upon what is seen here and a patient that is reportedly doing well, no antiarrhythmic medications are indicated at this time. Monitor for signs of sustained arrythmias, such as collapse, at home.

The prognosis once a cat is on diuretic therapy is typically poor, with an MST of 8-12 months after the diagnosis of CHF. Patient will always be at risk for progression to CHF, development of blood clots and/or arrhythmias in the future.

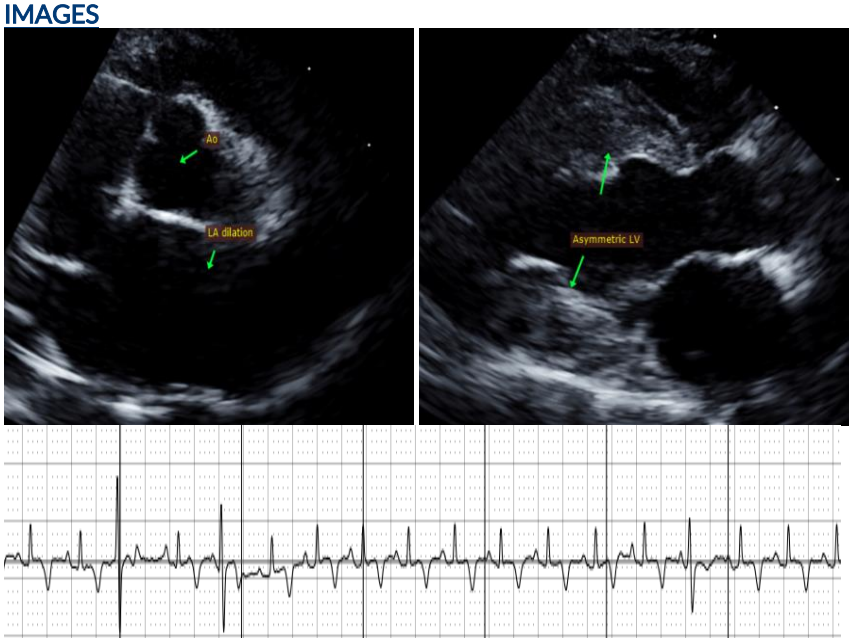
RECOMMENDATIONS

- Continue all medications as prescribed.
- Monitor BP and renal values every 3-4 months.
- Monitor for persistent arrythmias (syncope/acute lethargy).
- 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 and BP in 6 months to reassess and screen for progression, sooner if clinical signs arise in the interim.

IMAGES



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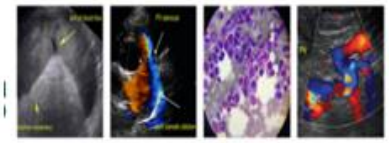

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)