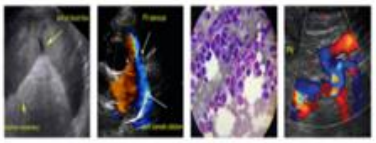
Mass Veterinary Services



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

PATIENT
Onyx Daiello

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
16 years

WEIGHT
9.75lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
29612

DATE
3/15/23

PRESENTING CLINICAL SIGNS

History: Onyx is referred to evaluate a heart murmur. An arrhythmia was noted in October 2022. A thyroid level in November was normal. She is eating well with normal activity level. No C/S/V/D but is PU/PD with a history of renal disease. On exam: NSR, grade III/VI parasternal murmur, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2. BP: 160mmHg x 3. No medications currently. *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 dimensions are borderline. There is mild fibrosis of the endocardium. The endocardium appears mildly remodeled. The papillary muscles appear hyperechoic and normal in dimension.
Left atrium: The left atrium is normal. No obvious smoke or thrombi seen.
Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No MR.
Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency. The aortic root is prominent.
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. Trace 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 140bpm.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.1
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.54
LVID diastole (cm)	1.27
PW thickness (cm)	0.55
LVID systole (cm)	0.54
FS (%)	58

Doppler Measurements

PV Vmax (m/s)	0.54
AoV Vmax (m/s)	0.7
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Overtly normal geriatric cardiac structure and function are identified. The LV wall thickness is borderline, which may be a normal variant or may reflect early hypertrophic changes. Follow up is advised. Mild remodeling fibrosis of the left ventricular wall is noted, which is likely a normal variant. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. The aortic root is prominent and the blood pressure is considered borderline for a sedated animal. Consider reassess in the absence of sedation to screen for true hypertension. No definitive cause is identified for the murmur in this study, making it likely physiologic in origin.

No obvious arrhythmias are appreciated; however, an extended ECG is recommended if the abnormality is persistently ausculted.

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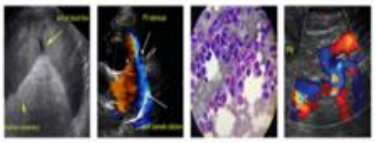

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Prognosis is open.

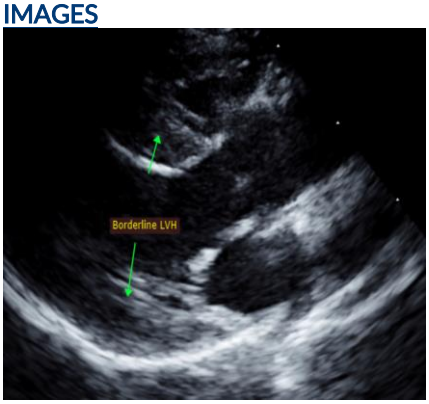
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Reassess BP without sedation and treat if indicated.
- No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any cat should be monitored for intolerance (changes in RR/RE).
- Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

PLAN

- Recommend recheck echocardiogram in 6-12 months to assess for any progressive issues or development of disease the pre-existing murmur may mask.

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)