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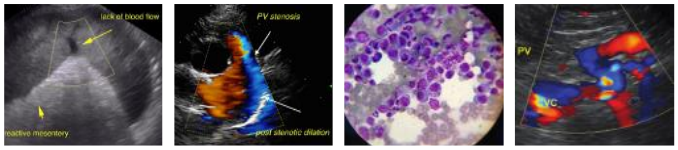

PATIENT
Princess Leia Divincenzo

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
16 years

WEIGHT
8.6lbs

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

IMAGING PERFORMED BY
L. Mandeville, DVM

HOSPITAL NAME
Bettervet

REFERRING VET
Dr. Mandeville

INVOICE
29629

DATE
3/15/23

PRESENTING CLINICAL SIGNS

History: Recently detected heart murmur, grade 3-4/6. Diagnosed w/Stage 2 CRF recently - getting renal diet and giving SQ fluids 2-3 x/week. Arthritic, stumbling and falling at times, had 1 collapsing incident. R/O neurological vs cardiac vs M/S (OA/weakness) as primary cause prescribed Gabapentin for OA but made cat more unstable. Elevated BP previously: began Amlodipine recently, BP WNL now.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. The aortic outflow is not extensively interrogated; however, no obvious obstructions appreciated. Trace TR. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. 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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.9	NM	0.67	1.0	0.67	58	90
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	1.2		NM	1.5	NM

**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
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

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both should be ruled out in this case as contributing factors. In a patient with relatively recent blood pressure control, this may be a secondary development. A baseline T4 is recommended if not recently assessed. Regardless, the degree of disease is mild, with only mild LVH and no LA dilation. This would indicate the risk for clinical issues is low at this time. No additional issues are identified. No cause for the murmur is identified, making it likely physiologic in origin,

No medications are indicated prior to significant atrial dilation. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM.

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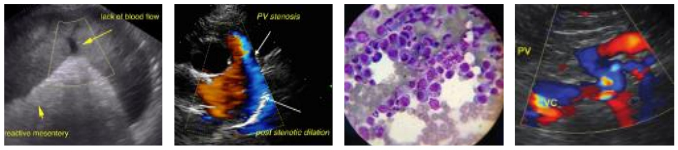

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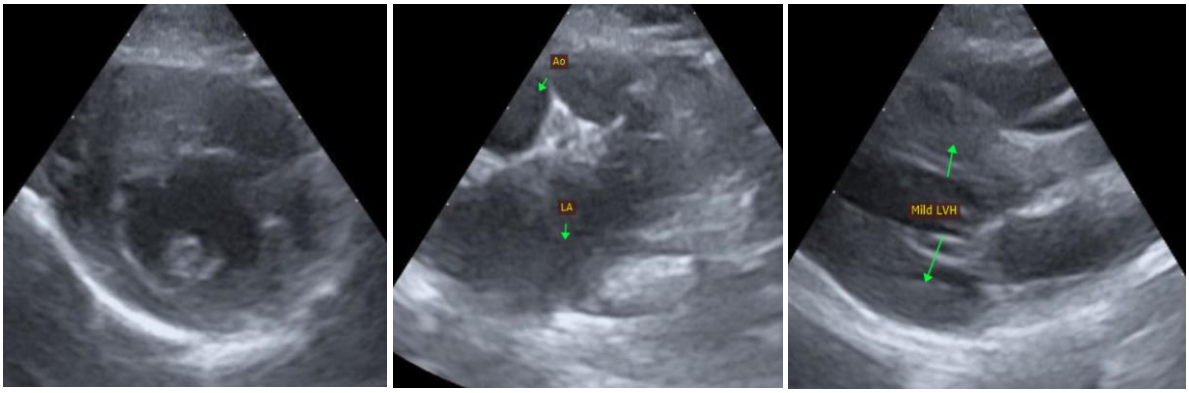
Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). **Risk for complication with fluid or steroid use typically follows LA dilation, which in this case is low. Monitoring of RR/RE is advised while being administered to screen for early intolerance.**

PLAN

A screening blood pressure and T4 are recommended, then every 6 months lifelong.

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if any issues arise in the interim.

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