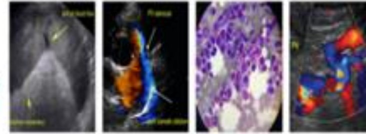
Mass Veterinary Services



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

PATIENT
George Liquori

SPECIES
Feline

BREED
Sphinx

SEX
Male Neutered

AGE
2 years

WEIGHT
9.44lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
29725

DATE
3/21/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History mitral valve dysplasia, LVOTO, mild-moderate MR. Presently, George is doing fairly well at home. Owner feels that sometimes he seems to be breathing rapidly. No exercise intolerance, syncope or collapse. On exam: NSR, grade IV/VI parasternal murmur, PSS, lung fields clear, compressible thorax, mm pink ,moist, CRT<2. BP: 140 mmHg x 5. Current medications: 1) Atenolol 25mg/ml 0.5 mls daily 2) Plavix/clopidogrel 18.75mg/ml 1 ml daily *No sedation for study.
-Pertinent previous echo findings (9/21/22 MML): LA 1.8 cm; LA:Ao 1.8, IVS 0.56 cm; PW 0.66 cm; asymmetric LV wall thicknesses, normal septal thickness, mild free wall thickening. Large, probably fused, papillary muscle. LVOT Vmax 4.3 m/s.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is mildly increased with adequate myocardial function. The LV wall thicknesses are asymmetric with a normal septal dimension and mild free wall thickening. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The endocardium appears remodeled. The papillary muscles are highly abnormal with suspicion of a fused hypertrophied single muscle.
Left atrium: The left atrium is severely increased in dimension. No smoke or thrombi visualized.
Mitral valve: The mitral valve is elongated without significant thickening. The tip of the mitral valve is visible in the LVOT during systole. Moderate eccentric mitral regurgitation is noted secondary to SAM.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Aortic outflow velocities are moderate to severely elevated with a dynamic profile. 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.
Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Mildly elevated RVOT velocity with a dynamic component.
Pericardium/other: Scant pericardial effusion suspected in some views. No pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 240bpm.

2-Dimensional Measurements

Measurement	Value
Ao diam (cm)	1.0
LA diam (cm)	1.9
LA:Ao (Swe)	1.9
IVS thickness (cm)	0.64
LVID diastole (cm)	1.7
PW thickness (cm)	0.66
LVID systole (cm)	1.0
FS (%)	35

Doppler Measurements

Measurement	Value
PV Vmax (m/s)	2.7
AoV Vmax (m/s)	4.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

PATIENT
George Liquori

SPECIES
Feline

BREED
Sphinx

SEX
Male Neutered

AGE
2 years

WEIGHT
9.44lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
29725

DATE
3/21/23

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is evidence of progression. The LV morphology remains highly atypical; however, what is most concerning is severe left atrial dilation has developed. The LVOTO is unchanged, and the heart rate appears poorly controlled. Finally, scant pericardial effusion is suspected in some views, which may suggest early congestion.

Given these findings, recommend addition of Lasix at this juncture. Additionally, the Atenolol dose should be titrated which a target heart rate of 140-160bpm. This patient is considered end-stage with high risk for complications going forward. Our goal is to stabilize the situation for as long as possible and maintain quality of life.

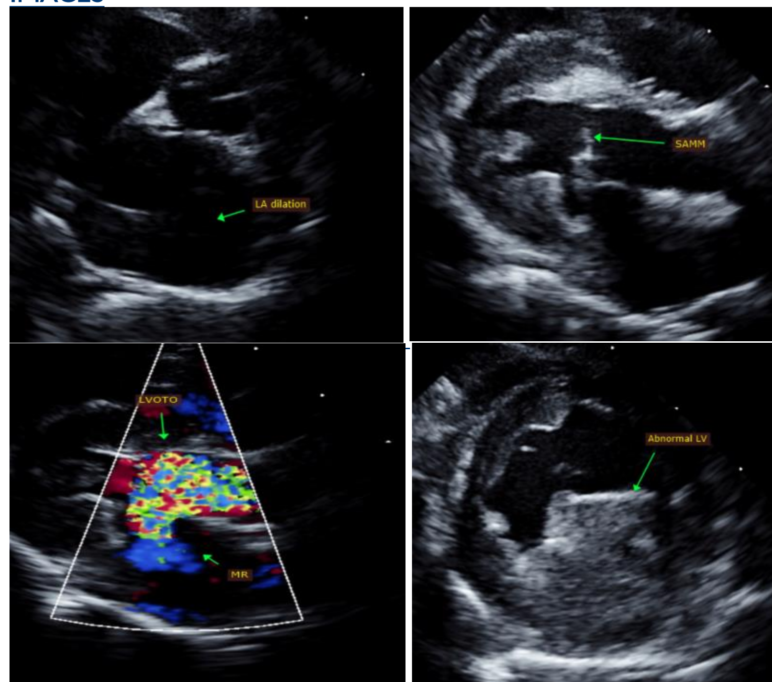
RECOMMENDATIONS

- Increase Atenolol to 0.75mls daily and assess response.
- Institute Lasix 1mg/kg Po q12h.
- Continue Plavix as prescribed.
- Elective anesthesia is not advised until response to atenolol is evaluated.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

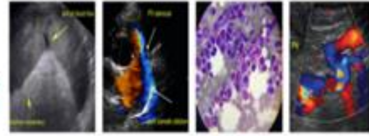
PLAN

- Recheck heart rate in 1-2 weeks, if needed go to BID with Atenolol dosing.
- Recommend recheck echocardiogram in six months to assess for progression, sooner if clinical signs arise in the interim.

IMAGES



Mass Veterinary Services



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

PATIENT
George Liquori

SPECIES
Feline

BREED
Sphinx

SEX
Male Neutered

AGE
2 years

WEIGHT
9.44lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
29725

DATE
3/21/23

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)