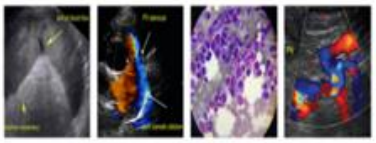
Mass Veterinary Services



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

PATIENT
Keif Spillane

SPECIES
Feline

BREED
British SH

SEX
Female Spayed

AGE
3 years

WEIGHT
14lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
29886

DATE
3/28/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM with moderate LAE, moderate MR, mild LVOTO (2.3 m/s). Presently, she is doing well, very active, good appetite. Exam today: grade II/VI murmur, lungs clear. BP could not be obtained due to uncooperative feline. *Sedated with alfaxalone for study.
-Pertinent previous echo measurements (9/20/22 MML): LA 1.6 cm; LA:Ao 1.6; IVS 0.64 cm; PW 0.62; LV 1.4 cm. Rec atenolol +/- plavix

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 septum with no evidence of persistent hypertrophy. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly hypertrophied. The endocardium appears mildly remodeled.
Left atrium: The left atrium is normal in dimension. No spontaneous contrast or thrombi seen.
Mitral valve: The anterior leaflet of the mitral valve is mildly thickened and elongated. Abnormal anterior motion can be seen on 2D imaging; however, the obstruction appears resolved. No mitral regurgitation.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. No outflow velocities with a dynamic profile. Trivial 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. 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)	0.9
LA diam (cm)	1.1
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.39
LVID diastole (cm)	1.4
PW thickness (cm)	0.38
LVID systole (cm)	0.7
FS (%)	54

Doppler Measurements

PV Vmax (m/s)	0.73
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, the findings are dramatically improved. The LV wall dimensions have normalized as have LA dimensions. This is likely secondary to Atenolol therapy, which suggest good control. The aortic leak persists; however, the blood pressure was unable to be obtained. No additional issues are indicated.

Given these findings, continue Atenolol lifelong. No indication for Plavix as was previously discussed. This is great news with a good prognosis; however, serial lifelong monitoring is recommended.

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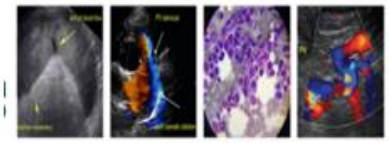

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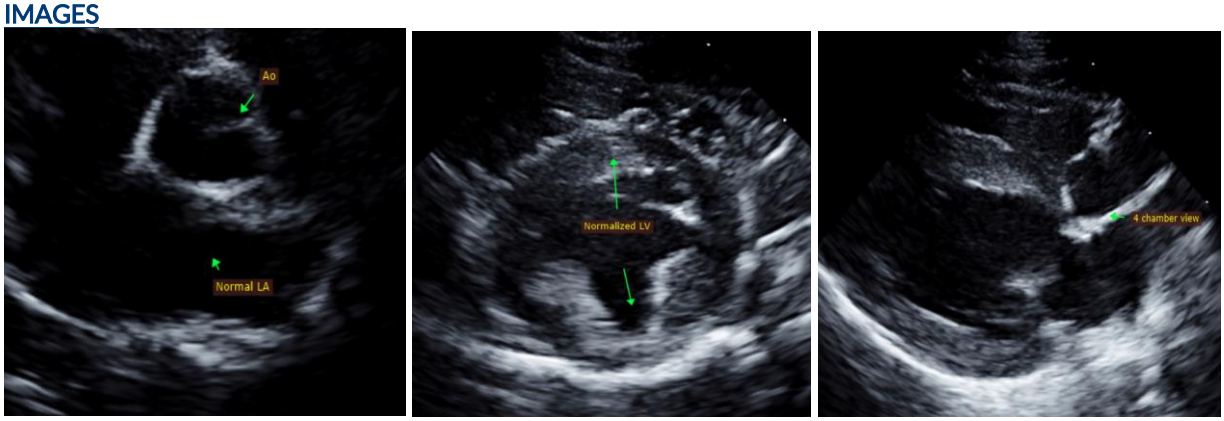
RECOMMENDATIONS

- Continue atenolol as prescribed.
- No indication for Plavix.
- Ensure heart rate is maintained between 140-160bpm stressed.
- No cardiac contraindication for general anesthesia if needed. Avoid heart rate stimulating drugs. 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 1 year to continue to monitor 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

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)