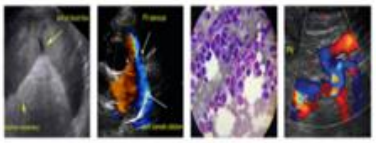
Mass Veterinary Services



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

PATIENT
Yoshi Mathieu

SPECIES
Feline

BREED
DMH

SEX
Female Spayed

AGE
10 years

WEIGHT
13.56lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
29888

DATE
3/28/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HCM; history ventricular ectopy with frequent singles and couplets. Presently, Yoshi is doing well - good appetite and normal activity level. On exam: NSR, grade II/VI parasternal murmur, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2. BP: 130mmHg x 4. Current medications:) Atenolol 25mg 1/4 tab daily 2) Plavix/clopidogrel 75mg 1/4 tab daily *No sedation for study.
-Pertinent previous echo findings (9/7/22 MML): LA 1.7 cm; LA:Ao 1.7; LV 1.0 cm; IVS 0.73 cm; PW 0.82 cm; mild-moderate LAE; asymmetric, moderate-severe LVH; endocardial fibrosis and remodeling. LOVT Vmax 1.2 m/s.

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 underlying rhythm is sinus in origin with an average heart rate of 188bpm. P for every QRS complex and vice versa. P morphology is positive. The QRS is inverted. VPCs are seen throughout with periods of bigeminy. Six tight couplets are observed with a brief triplet of VT. No supraventricular premature beats, pauses or other dysrhythmias observed.
ECG diagnosis: Normal sinus tachycardia with malignant ventricular arrythmias.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is decreased with adequate function. The LV wall is asymmetric with moderate to severe hypertrophy. There is a diffusely hyperechoic endocardium consistent with fibrosis. False tendon. The papillary muscles are hypertrophied and hyperechoic. The endocardium appears remodeled.
Left atrium: The left atrium is mild to moderately dilated. No obvious smoke or thrombi seen.
Mitral valve: The mitral valve appears mildly thickened with trace MR. No obvious systolic anterior motion is seen, although the tip of the mitral valve does exhibit abnormal motion.
Aortic valve/Aorta: The aortic valve is normal. No obvious stenosis. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.
Right ventricle: The right ventricular is normal.
Right atrium: The right atrium is normal.
Tricuspid valve: The tricuspid valve appears mildly thickened 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)	0.9
LA diam (cm)	1.7
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.73
LVID diastole (cm)	1.28
PW thickness (cm)	0.74
LVID systole (cm)	0.7
FS (%)	45

Doppler Measurements

PV Vmax (m/s)	0.92
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

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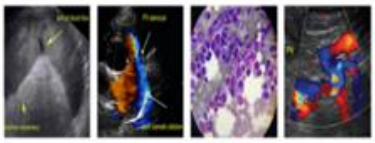

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INTERPRETATION OF THE FINDINGS

Compared to the prior study, the structural disease is similar. The LV wall thicknesses are unchanged and the LA dimension remains increased. No additional structural issues have developed.

What is of great concern; however, is the ventricular arrythmia does appear to have persisted despite Atenolol therapy. The resting heart rate is largely unchanged compared to the prior Atenolol tracing, which may suggest the dose is inadequate. Recommend increase Atenolol to BID and reassess an ECG in 5-7 days. If the arrythmia persists with couplets and triplets observed, changing to Sotalol is recommended at that time. Patient is at risk for sudden death and this should be expressed to the owner, independent of mediations.

The long-term prognosis given the totality of the findings is guarded; however, there is a highly variable rate of progression in cats with sub-clinical disease. There will always remain risk for progression to CHF and development of blood clots in the future. Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

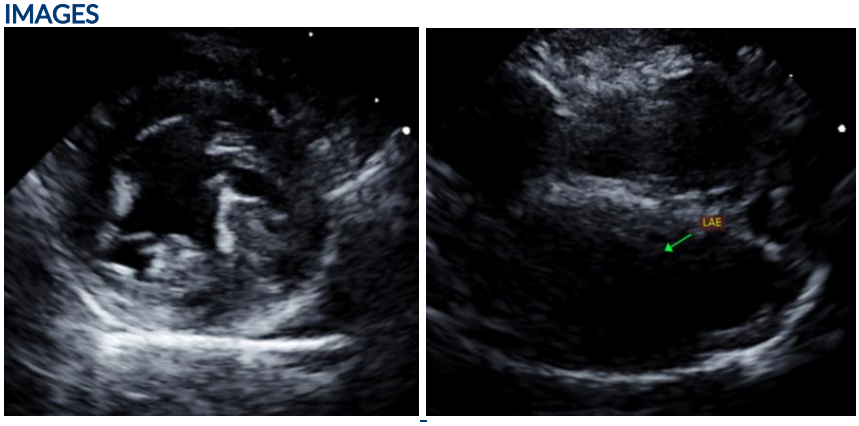
RECOMMENDATIONS

- Continue Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours.
- Dose increase: administer 6.25mg Atenolol PO q12h.
- Repeat ECG in 5-7 days. If persistent couplet/triplets VPCs, change to compound liquid Sotalol 1mg/kg PO q12h and reassess an ECG in 1 week.
- If patient develops lethargy or collapse, immediate recheck ECG is recommended to screen for malignant sustained arrhythmias.
- Elective anesthesia is not advised.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes, collapse and/or signs of a blood clot event (paralysis, neurologic changes, etc.)

PLAN

- Recheck BP and ECG in 4-6 months.
- Recheck echocardiogram in 6 months, sooner if clinical signs arise.

IMAGES



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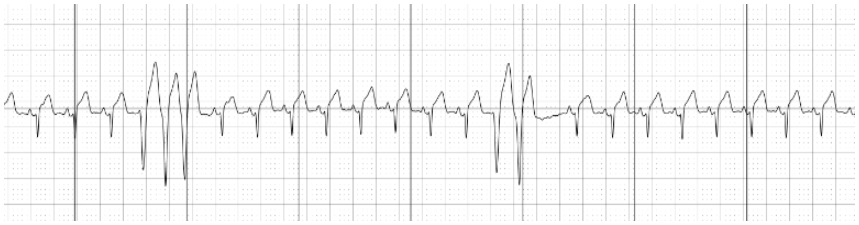

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)