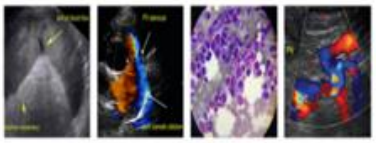
Mass Veterinary Services



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

PATIENT
Gabby Gottlieb

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
4 years

WEIGHT
9.81lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
29919

DATE
3/29/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM. Presently, Gabby is doing well at home, active and playful. Good appetite. On exam: NSR, grade II/VI parasternal murmur, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2. BP: 100-110mmHg. Current medications: Atenolol 25mg 1/4 tab daily *Sedated with propofol for study.
-Pertinent previous echo findings (6/29/22 MML): LA 1.2 cm; LA:Ao 1.3, IVS 0.67 cm; PW 0.60 cm; normal LA size, trace MR, mild LVH with regional variability, endocardial fibrosis and remodeling. LVOT Vmax 3.4 m/s.

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 minimally increased with improvement overall. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied and hyperechoic. The endocardium appears mildly remodeled.
Left atrium: The left atrium is normal. No smoke or thrombi seen.
Mitral valve: The MV leaflets appear normal. No obvious systolic anterior motion is seen. Trace eccentric MR.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity 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 trace 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 175bpm.

2-Dimensional Measurements

Ao diam (cm)	0.8
LA diam (cm)	1.0
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.50
LVID diastole (cm)	1.0
PW thickness (cm)	0.55
LVID systole (cm)	0.5
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	0.8
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.4
TR PG (mmHg)	22

INTERPRETATION OF THE FINDINGS

Hypertrophic obstructive cardiomyopathy (HOCM) persists with improvement on Atenolol. The LVOTO has resolved, and the LV wall dimensions are slightly improved, which is great news. The LA remains normal, and no additional issues are identified.

Given these findings, continue Atenolol going forward. Prognosis remains guarded; however, stability is a good sign.

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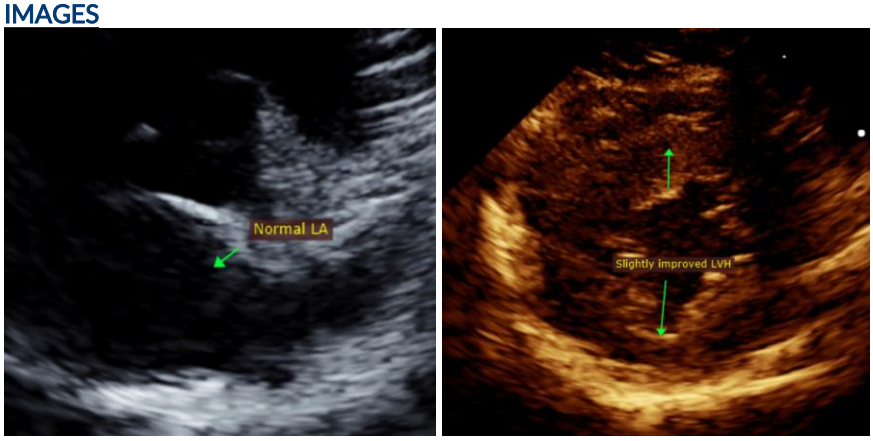
RECOMMENDATIONS

- Continue Atenolol as prescribed.
- Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.
- 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 6-12 months to assess rate of 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)