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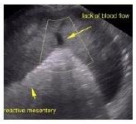
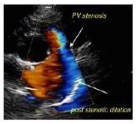
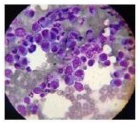
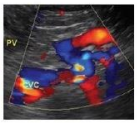

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT
Garnet Burlington Humane Society

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
~8 years

WEIGHT
10.8lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Crystal Hill, RVT

HOSPITAL NAME
Aldershot Animal Hospital

REFERRING VET
Dr. Patton

INVOICE
29382

DATE
3/3/23

PRESENTING CLINICAL SIGNS
History: Grade 2-3/6 heart murmur noted. Assess prior to anesthesia.

ECHOCARDIOGRAM FINDINGS
2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with overall severe LV hypertrophy. There is a diffusely hyperechoic endocardium consistent with fibrosis. Symmetric papillary muscle hypertrophy. There is severe left atrial enlargement present. Obvious smoke appreciated; no obvious blood clots. The LV function is mildly depressed. The RA and RV are normal. There is no obvious systolic anterior motion (SAM) of the mitral valve present; however, an intermittent LVOTO is suspected, secondary to hypertrophy. No MR. No TR. The MPA and branches are normal. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors. Premature beats are noted throughout.

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	4.9	170	0.89	1.37	0.80	38	70
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	2.5	2.5	2.1		0.6	1.2	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 for LV hypertrophy once a patient is confirmed euthyroid and normotensive. Both should be considered in this case. Regardless, there is severe left atrial enlargement with spontaneous contrast, indicating high risk for spontaneous CHF and/or blood clot events going forward. The LV function is mildly depressed as well, which may suggest end-stage disease, The right heart appears normal and no additional issues are identified. Premature beats are noted throughout the study and an ECG is strongly recommended.

Given these findings and exceedingly high risk for decompensation, recommend full cardiac support as below including low dose Lasix therapy even without respiratory signs. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

Prognosis is guarded to poor long-term with high risk for CHF, blood clot events and/or sudden death going forward.

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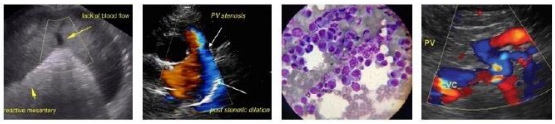

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Elective anesthesia, fluid or steroid therapy should be avoided in this patient due to high-risk complication.

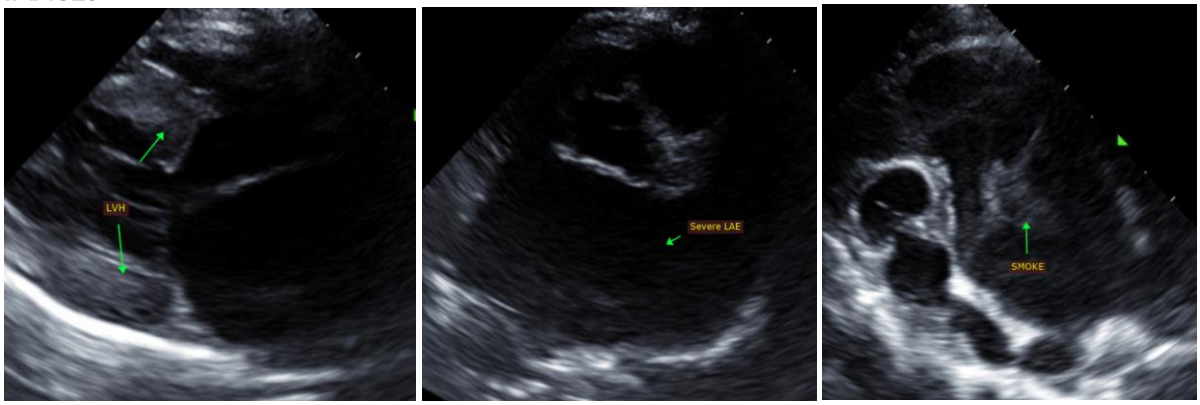
PLAN

Administer Lasix 1mg/kg PO q12h. Administer Plavix to decrease risk of thrombi formation: Plavix 75mg ¼ tab SID (NOTE: bitter on cut edge, coat in entirety or administer in a gel cap). Administer Pimobendan 1.25mg PO q12h. Baseline BP/T4 is recommended every 6 months. An ECG is strongly recommended.

Monitor BP and kidney values in 1-2 weeks, then every 4-6 months lifelong. If BP >130mmHg and patient is eating well at home and able to be medicated, consider addition of an ACEI 0.5mg/kg PO q12h.

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if clinical signs arise.

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