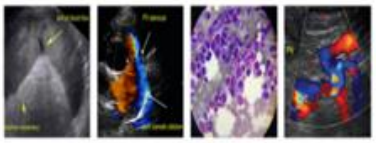
Mass Veterinary Services



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

PATIENT
Buddy Nevinsmith

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
14 years

WEIGHT
9.5lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
23396

DATE
3/31/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History severe, stable, HCM. Current presentation: Buddy has been doing well at home with no problems noted. Occasional cough but no respiratory issues. Good appetite; activity remains normal. On exam: NSR, grade II/VI murmur with PMI left apical area, PSS, lung fields clear, compressible thorax. BP: 140 mmHg x 4. Medications: 1) Enalapril 2.5mg 1/2 tab daily 2) Plavix 75mg 1/4 tab daily *Sedated with propofol for study.
-Pertinent previous echo findings (3/10/21 MML): LA1.2 cm; LA:Ao 1.2; IVS 0.71 cm; PW 0.68 cm; borderline LA size; LVH with regional variability, remodeling and fibrosis.

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 irregular with regions of thinning contrasting moderate hypertrophy. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly remodeled and significantly hypertrophied. The endocardium appears mildly remodeled. A mid-LV obstruction is appreciated that appears related to abnormal caudal attachment to the IVS.
Left atrium: The left atrial is normal in dimension; however, the auricle is mildly dilated as well. No obvious smoke.
Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. Trace MR.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. 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 mildly dilated.
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 170bpm.

2-Dimensional Measurements

Ao diam (cm)	0.8
LA diam (cm)	1.1
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.75
LVID diastole (cm)	1.1
PW thickness (cm)	0.71
LVID systole (cm)	0.5
FS (%)	55

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	0.72
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Largely unchanged HCM is seen in this study. The wall thickness is similar to previous, and the LA is only slightly enlarged. An abnormal caudal attachment is noted, which was not previously identified. This is likely not a new finding rather was simply missed on prior studies and is likely the cause of a persistent and chronic murmur. No additional issues are identified.

Given these findings, the risk remain only mildly elevated for complication. Reasonable to continue Enalapril and Plavix as was previously recommended. A baseline blood pressure is recommended every 6 months.

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Prognosis remains guarded with any degree of LA dilation; however subclinical feline cardiomyopathy is highly variable in outcome.

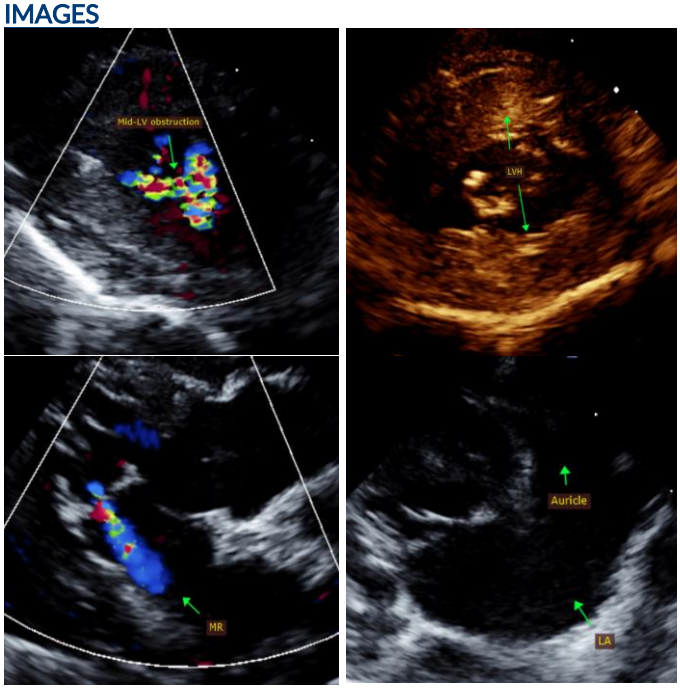
RECOMMENDATIONS

- Continue Enalapril and Plavix.
- Monitor BP and T4 every 6 months as exacerbating issues.
- Anesthetic risk is considered moderately elevated, with high risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor.
- 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 6-8 months, sooner if clinical issues 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

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