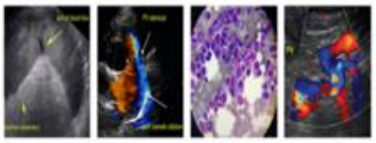
Mass Veterinary Services



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

PATIENT
Mik Nardi

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
9 years

WEIGHT
18.13lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
29469

DATE
3/8/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM, stable on prior echocardiogram. Presently, Mik is doing well with no concerns. Sleeping a bit more than usual and drinking a bit more. Good appetite. On exam: NSR, grade III/VI murmur with PMI on sternum, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2. BP: 120mmHg x4. Current medications: 1) Atenolol 25mg 1/4 tab daily 2) Plavix/clopidogrel 75mg 1/4 tab daily *No sedation for study.
-Pertinent previous echo findings (6/8/22 MML): LA 1.6 cm; LA:Ao 1.6; IVS 0.63 cm; PW 0.60 cm; mild LVH with irregularity, moderate LAE, SAM MV, LVOT Vmax 2.3 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 mildly increased with regions of irregularity. The papillary muscles are remodeled. The endocardium appears mildly remodeled and fibrotic.
Left atrium: The left atrium is moderately dilated with a horizontal component. The auricle appears dilated as well. No smoke or thrombi seen.
Mitral valve: The anterior leaflet of the mitral valve is mildly elongated, however normal thickness. Systolic anterior motion is seen on 2D imaging. Mild eccentric MR.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mildly increased 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 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 200bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.6
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.67
LVID diastole (cm)	1.4
PW thickness (cm)	0.64
LVID systole (cm)	0.5
FS (%)	64

Doppler Measurements

PV Vmax (m/s)	0.95
AoV Vmax (m/s)	2.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are similar. The LV dimensions are unchanged with stable left atrial dilation. The LVOTO is mild, and no additional issues are identified.

Giving these findings, continue Atenolol and Plavix as prescribed. No obvious indication for additional medications at this time.

Prognosis remain guarded yet highly variable given the unpredictable nature of sub-clinical feline cardiomyopathy.

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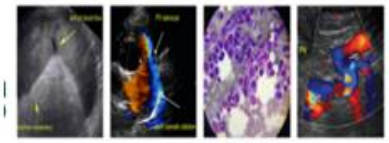

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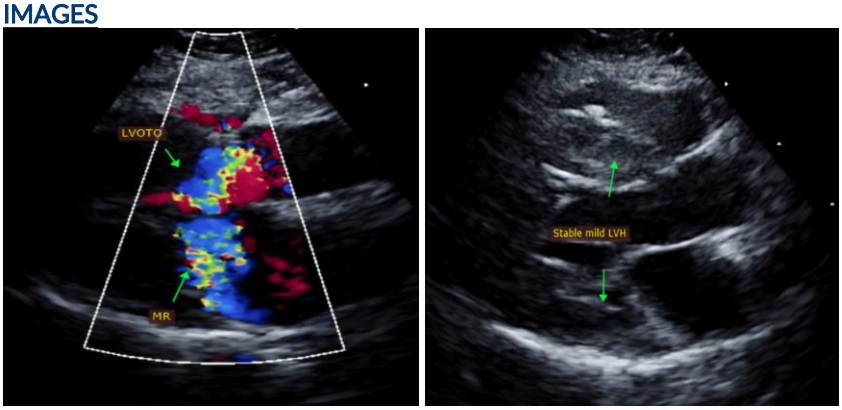
RECOMMENDATIONS

- Continue Atenolol and Plavix as prescribed.
- Screening BP/T4 every 6 months going forward.
- Anesthetic risk is considered 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 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)