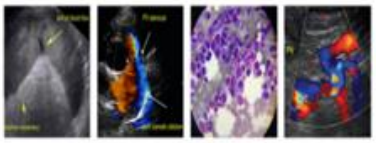
Mass Veterinary Services



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

PATIENT
Peter Maleki

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
2.10 years

WEIGHT
15.81lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
23010

DATE
3/9/22

PRESENTING CLINICAL SIGNS

History: Peter was diagnosed with HCM in July 2020. He is presently eating well with no clinical issues and continues to be active and playful at home. He is eating well with normal activity. On exam: NSR, grade III/VI murmur noted best on sternum, PSS, lung fields clear, compressible thorax. .
-Current medications: 1) Plavix/clopidogrel 75mg 1/4 tab daily 2) NHV feline supplement 3) BK-detox supplement *Sedated with propofol.
-Pertinent previous echo findings (7/31/20 Katie Meier, DVM, DACVIM) LA 1.5 cm; LA:Ao 1.67; IVS 0.72 cm; PW 0.73 cm; LVOT 4.06 m/s (66 mmHg); Dx: moderate HCM, mild LAE; recommended medications - Plavix (clopidogrel) 75 mg, 1/4 t once daily. *Sedated with propofol for study.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is decreased with adequate myocardial function. The LV wall thicknesses are mild to moderately increased. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. False tendon.
Left atrium: The left atrium is mild to moderately enlarged. No obvious spontaneous contrast or thrombi seen.
Mitral valve: The mitral valve is normal in structure and mobility; however, there is significant systolic anterior motion suspected (masked by sedation). Trace eccentric MR, presumably secondary to SAM.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Minimally elevated aortic outflow velocity. 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.
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.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 130bpm.

2-Dimensional Measurements

Ao diam (cm)	0.8
LA diam (cm)	1.6
LA:Ao (Swe)	2.0
IVS thickness (cm)	0.6
LVID diastole (cm)	1.1
PW thickness (cm)	0.67
LVID systole (cm)	0.4
FS (%)	64

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, the LV wall dimensions are similar. The LA is slightly increased comparatively (LA/Ao falsely elevated due to small aortic root) and remains in the mild to moderate category. A severe LVOT obstruction was noted on the prior exam, presumably masked by sedation in this study. No additional issues are identified.

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Given these findings, consider addition of Atenolol as below. It is reasonable to continue Plavix as well with no obvious indication for additional medications. Prognosis is guarded long-term, given the highly variable rates of progression with subclinical feline cardiomyopathy.

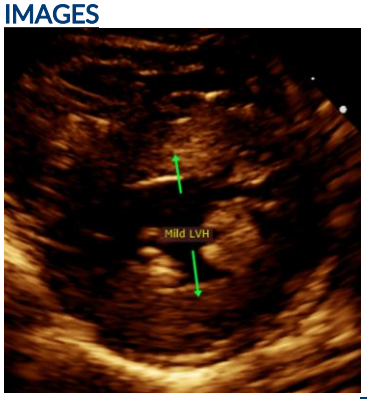
RECOMMENDATIONS

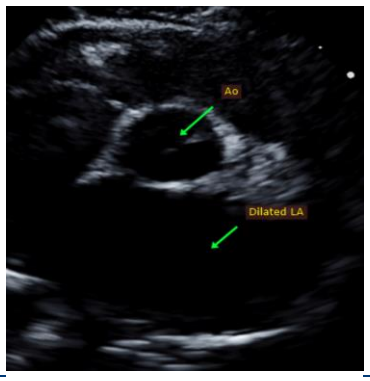
- If elected, administer titrating dose of atenolol: 25mg tablets; Give ¼ tab once daily. Recheck heart rate in 1-2 weeks with target stressed rate of 140-160bpm 12-24 hours post-administration. Increase as needed until target reached.
- Continue Plavix as previously recommended.
- Anesthetic risk is 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). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.
- Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

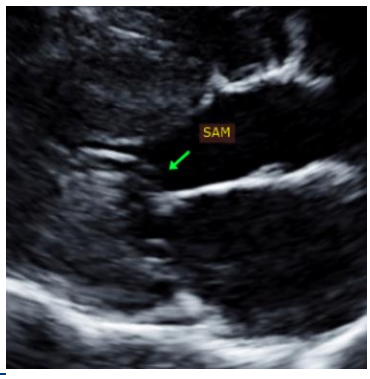
PLAN

- Recommend recheck echocardiogram in 6-12 months to screen for progression, sooner if any clinical signs 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.co