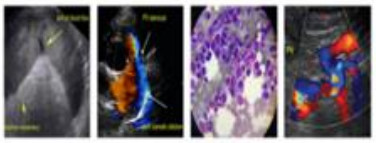
Mass Veterinary Services



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

PATIENT
Bronson Barbeiri

SPECIES
Feline

BREED
DLH

SEX
Male Neutered

AGE
17 years

WEIGHT
10.19lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
30194

DATE
4/12/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM. History stage 2 kidney disease. Presently, Bronson is doing relatively well overall. He doesn't like the kidney diet, so has become picky. Using mirtazapine to encourage him to eat it. He continues to be active at home for his years. On exam: arrhythmia, grade IVVI murmur noted best on sternum, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2. BP: 190mmHg x 4. Current medications: 1) Potassium supplement if he will take it (when not fed renal diet) 2) Mirtazapine as needed for appetite 3) Atenolol 25mg 1/4 tab daily *No sedation for study.
-Pertinent previous echo findings (6/21/22 MML): LA 12 cm; LA:Ao 1.1; IVS 0.68 cm; PW 0.63 cm; LVOT Vmax 3.5 m/s. RVOTO 2.0 m/s.

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 mildly increased with an asymmetric appearance and regions of irregularity. There is a diffusely 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 anterior leaflet of the mitral valve appears largely normal. Mild systolic anterior motion is seen on multimodal imaging. Trace eccentric MR secondary to SAM.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mildly elevated aortic outflow velocity seen on Spectral doppler 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. The RVOT velocity is elevated on color flow suggesting a dynamic obstruction.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 190bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	1.3
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.70
LVID diastole (cm)	1.5
PW thickness (cm)	0.62
LVID systole (cm)	0.44
FS (%)	66

Doppler Measurements

PV Vmax (m/s)	2.0
AoV Vmax (m/s)	2.0
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 wall thickness is unchanged, and the LA remains normal. The LVOTO is slightly improved, likely due to Atenolol therapy. No additional issues are identified.

Given these findings, recommend continue Atenolol going forward. It is worth noting that the resting heart rate is outside of the target range of 140-160bpm. If this is a consistent finding, a dose change would be warranted. No additional medications are indicated.

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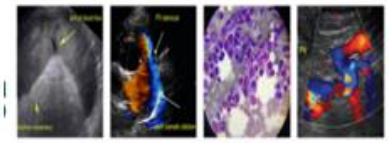

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Prognosis remains guarded given the highly variable rates of progression with subclinical feline cardiomyopathy.

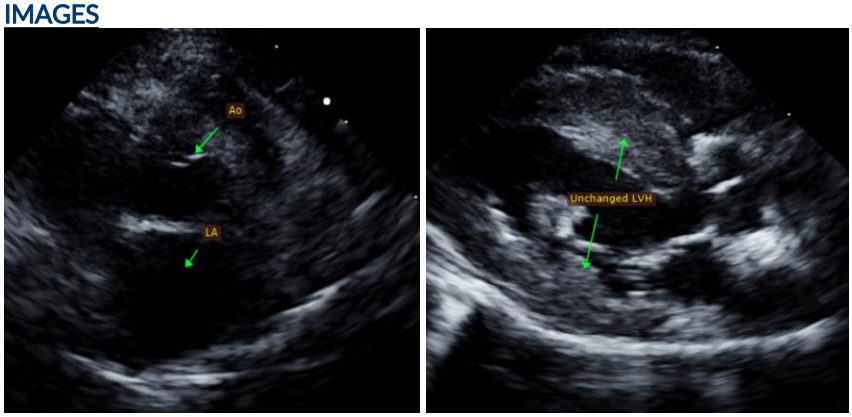
RECOMMENDATIONS

- Screening BP/T4 every 6 months. If BP is persistently >160mmHg, consider vasodilator therapy.
- If HR is persistently elevated, a dose increase in Atenolol (either increase to BID or increase the SID dose) is 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). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, 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 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)