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Pet Animal Ultrasound Service
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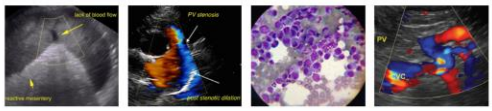

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT
Nelson Machado-Wilcox

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
9 years

WEIGHT
9.6lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Norfolk County Veterinary Service

REFERRING VET
Dr. McCabe

INVOICE
23683

DATE
4/14/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History stable HOCM. Currently doing well clinically; needs anesthesia for dental prophy. BP: 135-145 mmHg. *Sedated with butorphanol/alfaxan
-Pertinent previous echo findings (3/25/21 MML): LA 1.5 cm; LA:Ao 1.5; IVS 0.67 cm; PW 0.57 cm; LVOT Vmax 1.3 m/s; mild LAE; mild LVH with endocardial fibrosis; no medications recommended. Medications: Atenolol25 mg, 1/2 t BID.

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 symmetrically increased. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles appear mildly hypertrophied. The endocardium appears mildly remodeled.
Left atrium: The left atrium is borderline increased in dimension. No obvious spontaneous contrast or thrombi seen. Systolic anterior motion suspected on 2D imaging. Trace mitral regurgitation.
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 normal in dimension.
Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency.
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)	1.0
LA diam (cm)	1.3
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.69
LVID diastole (cm)	1.1
PW thickness (cm)	0.67
LVID systole (cm)	0.4
FS (%)	62

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, these results are similar. The LV wall dimension is slightly increased comparatively; however, the LA dimension is slightly improved. This likely reflects overall stable disease. Interestingly, SAM has not been documented on prior echo's yet is suspected here. That being said, the LVOT velocity is normal. No additional issues are identified.

Going forward there are two ways to approach this case. First, would be to continue Atenolol if well tolerated, given that the patient remains stable and mild SAM is noted in this study. The 2nd option would be to discontinue the medication (as was previously directed), as the obstruction appears mild and it is unknown if this is helping. If the drug is well tolerated, it seems reasonable to simply continue going forward.

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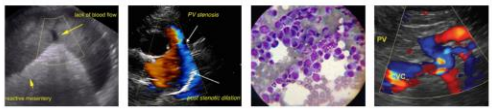

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Prognosis remains guarded long-term, given the highly variable outcomes with subclinical feline cardiomyopathy.

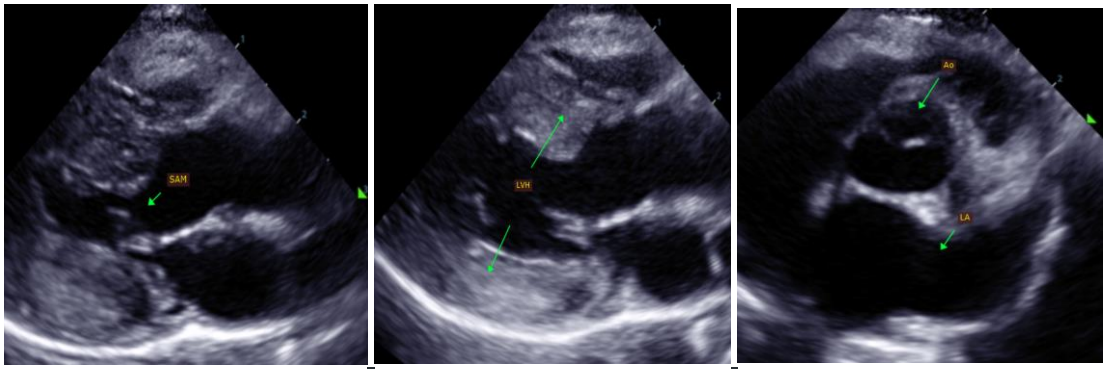
RECOMMENDATIONS

- Consider continue versus discontinue Atenolol as discussed.
- Risk for general anesthesia remains low, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary.
- 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 annually to continue to screen 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
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