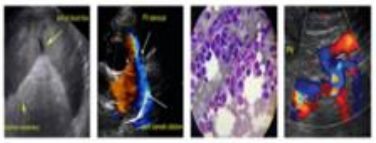
Mass Veterinary Services



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

PATIENT
Sumi-E Ennis

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
2 years

WEIGHT
7lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
30298

DATE
4/18/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History mitral valve dysplasia with LVOTO. Presently, Sumi-e is doing well with a good appetite. Very active and playful. On exam: NSR, grade I/VI parasternal murmur, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2. BP: 90mmHg x 5. Current medications: current medications: 1) Atenolol 25mg 1/4 tab daily *Sedated with propofol for study.
-Pertinent previous echo findings (8/17/22 MML): LA 1.3 cm, LA:Ao 1.7, IVS 0.43 cm; PW 0.65 cm, LVOT Vmax 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 irregular with a normal septum and mild free wall thickening. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly hypertrophied. The endocardium appears mildly remodeled.
Left atrium: The left atrium and auricle are mildly dilated. No spontaneous contrast or thrombi seen.
Mitral valve: The anterior leaflet of the mitral valve is mildly thickened and elongated. Abnormal anterior motion is seen during systole. Mild eccentric mitral regurgitation.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mildly elevated LVOT outflow velocities 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 107bpm.

2-Dimensional Measurements

Ao diam (cm)	0.8
LA diam (cm)	1.2
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.50
LVID diastole (cm)	1.2
PW thickness (cm)	0.63
LVID systole (cm)	0.6
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	2.8
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 mildly dilated. The LVOTO persists despite a heavily sedated patient with bradycardia. No additional issues have developed.

Given these findings, continue Atenolol lifelong. Ensure the non-sedated heart rate remains within the target zone (mildly elevated here).

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Long term prognosis is guarded given the age of the patient and highly variable nature of asymptomatic feline heart disease. Many cats will remain asymptomatic until mid-life or beyond, while others develop CHF within the first years. Close monitoring for progression of LA dilation in the future will help determine long term prognosis.

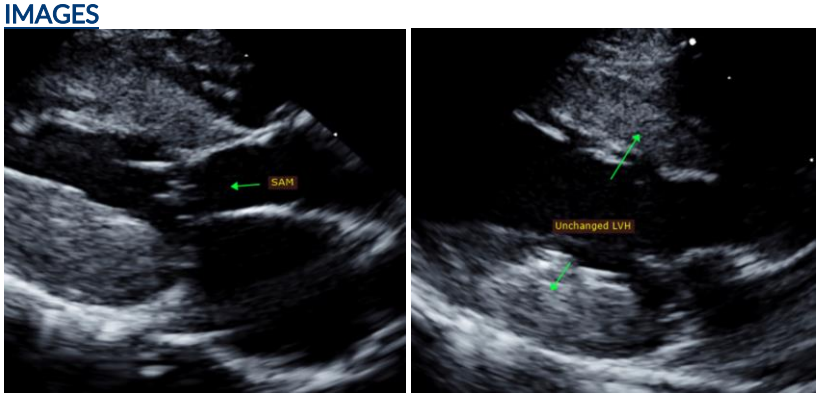
RECOMMENDATIONS

- Continue Atenolol, ensuring the heart rate remains between 140-160bpm stressed (non-sedated).
- Anesthetic risk is considered mildly elevated, 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, and isoflurane maintenance.
- 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 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.com)