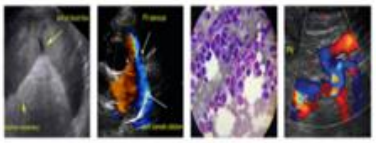
Mass Veterinary Services



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

PATIENT
Bruce Kelly

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
6 years

WEIGHT
12.88lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
24233

DATE
5/17/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HCM with slight progression noted on prior echo (Tai Casagrande, DVM, DACVIM-Cardiology): mild thickening of posterior wall; no SAM; moderate LAE; LA 1.61 cm; LA:Ao 1.7;IVS 0.53 cm; PW 0.55 cm. Currently, Bruce is eating well. Per owner, seems to have some "dazed" episodes after activity but breathing remains normal. Grade lll/Vl systolic murmur. BP: 160mmHg. Medications: 1) Benazepril 10mg 1/4 tab twice a day 2) Aspirin 81mg 1/4 tab every 3 days 3) Gabapentin 100mg for appointments *Sedated with propofol for study.

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 asymmetric with a borderline septal dimension and mild free wall thickening. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are moderately hypertrophied and hyperechoic.
Left atrium: The left atrium is mildly dilated. No obvious spontaneous contrast or thrombi seen.
Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No 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 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 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.6
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.54
LVID diastole (cm)	1.4
PW thickness (cm)	0.64
LVID systole (cm)	0.7
FS (%)	55

Doppler Measurements

PV Vmax (m/s)	0.82
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 prior study, there is evidence of overall stability. While the posterior wall measures slightly increased comparatively, this most likely reflects interobserver variability. The LA is mildly dilated, which is unchanged, and no additional issues are identified.

Given mild left atrial enlargement prognosis is guarded going forward, although feline cardiomyopathy has highly variable rates of progression.

Benefit of medications prior to CHF in cats is debatable. There may be theoretic benefit from Benazepril and if well tolerated, it is reasonable to continue. Aspirin is likely

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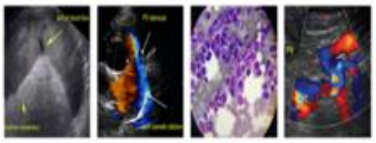

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unnecessary, although of little clinical concern. No obvious indication for additional medications at this time.

With only mild left atrial enlargement, the reported clinical changes are unlikely to be cardiac in origin. Consider other possible causes.

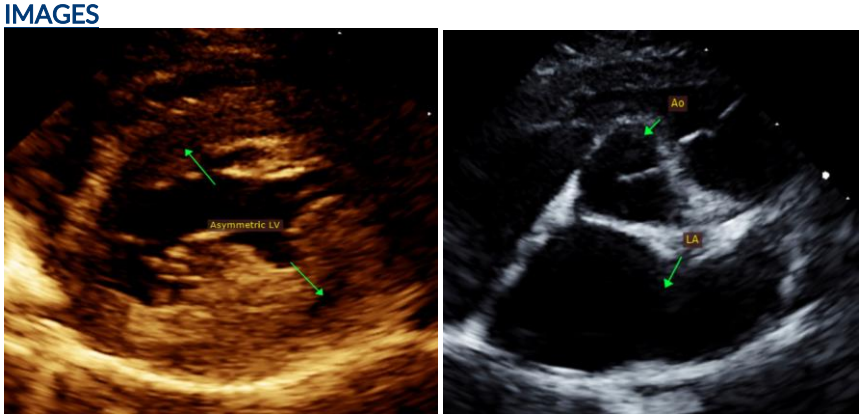
RECOMMENDATIONS

- Given these findings, reasonable to continue Benazepril and Aspirin as prescribed.
- 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 6-12 months to continue to screen for progression.

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)