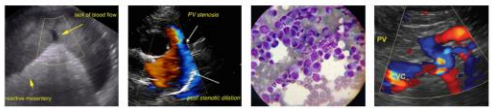
PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



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

PATIENT
Ren Cabral

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
19 years

WEIGHT
9.9lbs

INTERPRETED BY
Maggie Machen Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Wignall Animal Hospital

REFERRING VET
Dr. Detelich

INVOICE
24301

DATE
5/19/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History mild HOCM. Currently, Ren appears somewhat disoriented when waking up. Frequently asking for food then mostly licks moisture. Does eat wet food. Energy level OK. No labored breathing or increased RR noted; however, does cough/sneeze.
-Pertinent previous echo findings (9/23/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 1.3 cm; LA:Ao 1.39; IVS 0.55 cm; PW 0.57 cm; LVOT 1.7 m/s, dynamic profile. On Atenolol transdermal - 125 mg/ml, 0.1 ml 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 borderline in dimension. False tendon. 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 normal in dimension. 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. Borderline aortic outflow velocity; 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.
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 160bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.2
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.51
LVID diastole (cm)	1.2
PW thickness (cm)	0.52
LVID systole (cm)	0.4
FS (%)	65

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.8
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Unchanged mild structural disease persists in this study. No significant VLH is noted, and the LA is unchanged. The outflow tract obstruction is minimal, and no additional issues are identified.

These findings would suggest reported disorientation is unlikely to be cardiac in origin. Hypotension can have this appearance and a blood pressure is recommended.

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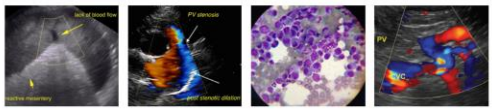

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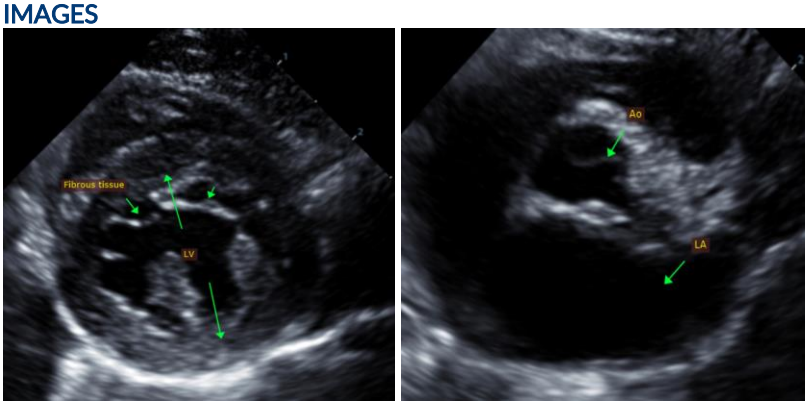
RECOMMENDATIONS

- Given these findings, no additional medications are indicated. Continue Atenolol as prescribed.
- Consider a baseline BP 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 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