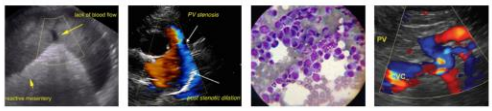
PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



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

PATIENT
Teddy McMahon

SPECIES
Feline

BREED
Maine Coon Cat

SEX
Male Neutered

AGE
12 years

WEIGHT
15lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Wignall Animal Hospital

REFERRING VET
Dr. Cramb

INVOICE
24304

DATE
5/19/22

PRESENTING CLINICAL SIGNS

History: Coughing/wheezing. Grade II/VI systolic murmur; moderately increased lung sounds. Radiographs: increased vascular/bronchial pattern; heart WNL. Aerophagia with gas distended stomach. Digesta-filled intestines. Very thin along spine with minimal fat or musculature. BW: ALB 2.3; SOD 159; AMY 1354; WBC 24.4; RBC 5.4; NEU 86; Lymph 6; Absolute neu 20984, absolute eos 1464. *Having bi-cavity ultrasound exams.

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 increased and mildly asymmetric. There is a mildly hyperechoic endocardium consistent with significant fibrosis. The papillary muscles are mildly remodeled 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 MR.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. No 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. 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)	1.1
LA diam (cm)	1.5
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.65
LVID diastole (cm)	1.6
PW thickness (cm)	0.64
LVID systole (cm)	0.5
FS (%)	70

Doppler Measurements

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

INTERPRETATION OF THE FINDINGS

HCM is a rule out diagnosis, once hypertension and hyperthyroid disease are ruled out. Both should be considered as contributing factors in this case. Regardless, the degree of disease is mild, with mild LA dilation and LV hypertrophy. No obvious cause for the murmur is identified, making it likely physiologic in origin. Prognosis is guarded, due to the highly variable rates of progression with subclinical feline cardiomyopathy.

Given mild disease, cough/wheeze symptoms are considered unlikely to be cardiogenic in origin. Consider a course of Azithromycin as a potential first step in therapy.

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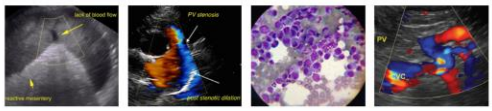

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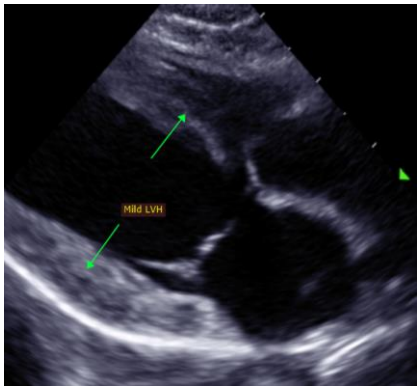
RECOMMENDATIONS

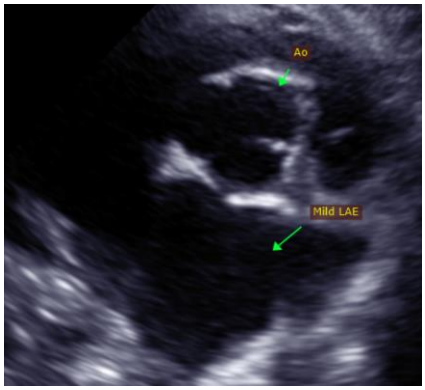
- Given these findings, no medications are indicated.
- Consider Azithromycin or other primary respiratory therapy as indicated.
- Monitor BP and T4 every 6 months.
- Anesthetic risk is considered mildly elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, 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 any 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