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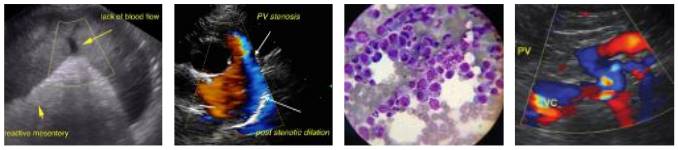

PATIENT
Leon Gates

SPECIES
Feline

BREED
Sphynx

SEX
Male Neutered

AGE
5 years

WEIGHT
8.3lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Dana Alterman, RDCS, LVT

HOSPITAL NAME
Eubank Animal Clinic

REFERRING VET
Dr. Russman

INVOICE
24329

DATE
5/23/22

PRESENTING CLINICAL SIGNS

History: Recheck echo.
-Current medications: Atenolol 25mg ¼ tabs PO SID.
-Pertinent previous echo findings (6/2021 MML): Mild LVH, no LAE, LVOTO: 3.5m/s. IVSd: 0.6, LVWd: 0.62, LA: 1.25.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 190bpm (range 178-200bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. A single VPC is identified. No supraventricular premature beats, pauses or other dysrhythmias observed.
ECG diagnosis: Sinus tachycardia with a single VPC.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle remodeling. The right ventricle is subjectively normal in size and morphology. There is borderline left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Moderate systolic anterior motion (SAM) of the mitral valve present, with an elevated dynamic LVOT velocity. There is mild eccentric mitral regurgitation present secondary to SAM. No other significant valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	------	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.0	NM	0.63	1.22	0.64	58	94
FELINE CARDIAC PARAMETERS	**LA/AO** (Boon)	**LA/AO HEART BASE (Swe)** (Abbott)	**LA** 2D short axis Base view (cm) (Abbott)		**LVOT VEL** (m/s)	**RVOT VEL** (m/s)	**E max** (m/s)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	1.3	1.3		3.0	1.5	NM

**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
Adapted from June Boon, Veterinary Echocardiography,1998
Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOCM persists with evidence of stability. Mild LV hypertrophy is unchanged, although the LA is slightly increased. The LVOTO persists, which is not surprising given the resting heart rate on the ECG. No additional issues are identified.

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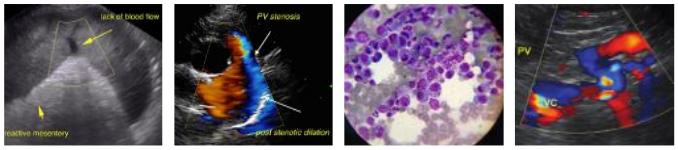

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The ECG shows a normal sinus tachycardia with a single VPC. The resting heart rate appears elevated for a patient on Atenolol. Additionally, the finding of a single VPC is largely unremarkable for a stressed patient in hospital. No follow up is warranted at this time.

Given these findings, it is reasonable to continue Atenolol going forward. Given a heart rate as high as 200+bpm, a dose alternation is recommended. Depending on when the dose was given, consider increasing the SID dose versus increasing the frequency. No additional medications are warranted. Prognosis remains guarded long-term.

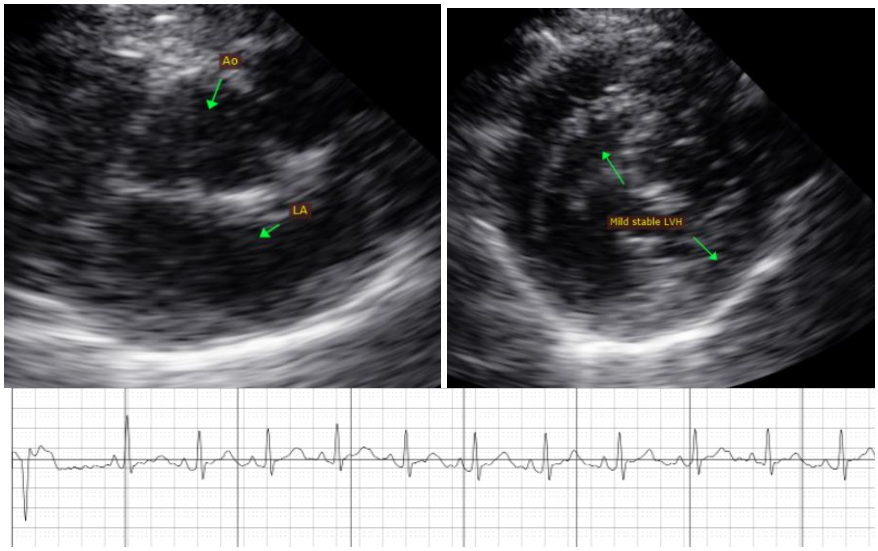
Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (ketamine, glycopyrrolate, atropine).

PLAN

Increase Atenolol as discussed. Screening blood pressure and T4 are recommended every 6 months.

Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues 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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com