IMAGING PERFORMED BY

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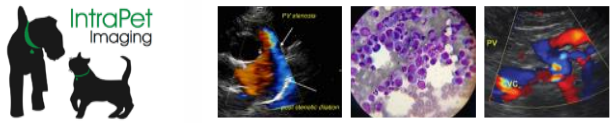

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT
Blackie Lastowski

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
3.1.14

WEIGHT
11.15lbs

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

HOSPITAL NAME
Cat Sense Feline Hospital

REFERRING VET
Dr. Sinclair

INVOICE
23992

DATE
5.3.22

PRESENTING CLINICAL SIGNS

History: Recheck echo. He has been stable at home and his heart murmur is still a grade 1/6. His HR was 148 today on his Atenolol.
-Current medications: Atenolol 6.25mg SID (did get this AM) Gabapentin PO.
-Blood pressure: 110, 110 and 100mmHg.
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results (8/2020 MML): Mild to moderate asymmetric LVH, no LAE, mild SAM with MR. IVSd: 0.66, LVWd: 0.73, LA: 1.2.
-STAT: Not requested.
-Imaging performed by: Stephanie Pearce RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular walls are asymmetric with regions of minimal hypertrophy. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. Mild papillary muscle remodeling. The left atrium is normal. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. Blood flow through both the LVOT and RVOT are normal. Trace aortic insufficiency. No obvious cardiac tumors identified. No effusions.

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.2	NM	0.58	1.4	0.61	59	90
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		0.9	1.2	NM

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

Comparatively, there is mild improvement on atenolol. The LA remains normal and there is some improvement in LV wall dimensions. The obstruction appears well controlled, and no additional issues are identified. The risk for complication remains low, as the LA dimension is normal and unchanged. Continued monitoring of BP is advised with a small aortic leak noted. The reported blood pressure is low in hospital and should be reassessed going forward.

No additional medications are indicated; continue atenolol as prescribed. Monitor at home for any change in breathing rate/effort, or signs of a blood clot event.

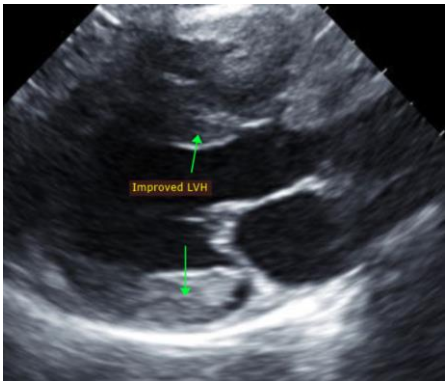
Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

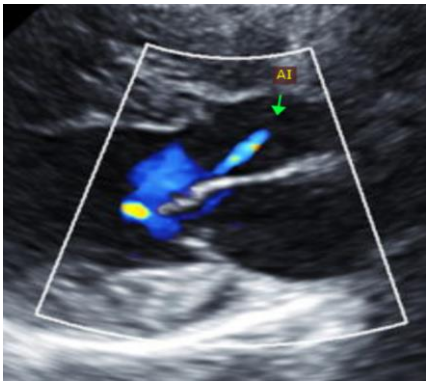
PLAN

Continue Atenolol as previously prescribed.

A recheck echocardiogram and BP is recommended in 6-12 months to assess for progression, sooner if any clinical signs 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