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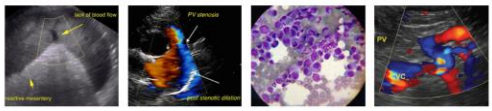


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Mephitis Kaplan

SPECIES
Feline

BREED
DLH

SEX
Male Neutered

AGE
9 years

WEIGHT
12.7lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Wignall Animal Hospital

REFERRING VET
Dr. Detelich

INVOICE
24064

DATE
5/5/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM. Currently doing well at home. BP: 98, 100mmHg.
-Pertinent previous echo findings (10/21/21 Maggie Machen Lamy, DVM, DACVIM - Cardiology): LA 1.5 cm; LA:Ao 1.8; IVS 0.67 cm; PW 0.41 cm; LVOT 1.5 m/s; mild LAE; asymmetric LVH; endocardial fibrosis. On Atenolol transdermal, i6m25 ml/0.1 ml: 0.1 ml SID

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 highly asymmetric with slightly improved septal thickening and progressive thinning of the free wall. False tendon. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied and hyperechoic. The endocardium appears mildly remodeled.
Left atrium: The left atrium is mild to moderately dilated. No smoke or thrombi seen.
Mitral valve: The anterior leaflet of the mitral valve appears largely normal. No obvious systolic anterior motion is seen. Mild eccentric MR.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity seen on Spectral doppler; however, an intermittent obstruction is suspected on color 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.
Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. The RVOT velocity is normal.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 188bpm.

2-Dimensional Measurements

Ao diam (cm)	0.8
LA diam (cm)	1.6
LA:Ao (Swe)	1.9
IVS thickness (cm)	0.58
LVID diastole (cm)	1.8
PW thickness (cm)	0.30
LVID systole (cm)	1.2
FS (%)	34

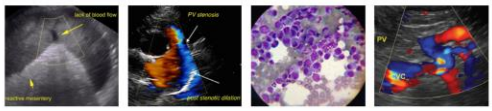
Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Hypertrophic obstructive cardiomyopathy (HOCM) persists with slight evidence of progression. The septal dimension is stable to slightly improved; however, the free wall is progressively thinned. This may support progressive disease or potentially an infarcted region. Most importantly, the left atrium is slightly increased comparatively, with risk for complication. No additional issues are identified and the LVOTO appears well controlled.

Given these findings, continue Atenolol as prescribed. A slight dose increase may be warranted, as the target heart rate in hospital in 140-160bpm. Additionally, consider use of Plavix in this case, due to progressive left atrial enlargement.



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Prognosis remains guarded at this time.

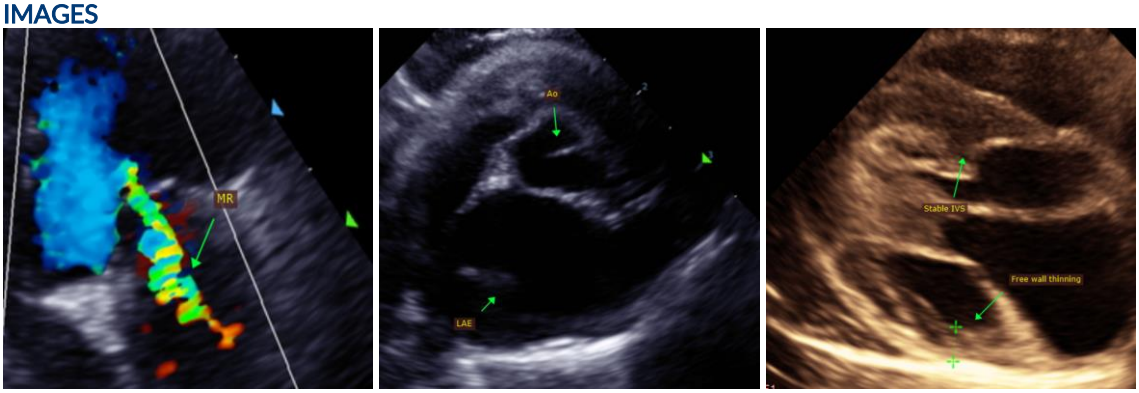
RECOMMENDATIONS

- Consider a slight dose increase in Atenolol to maintain the target stressed rate of 140-160bpm.
- Consider Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).
- Screening BP/T4 every 6 months.
- 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 months to assess rate of progression, sooner if any issues 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