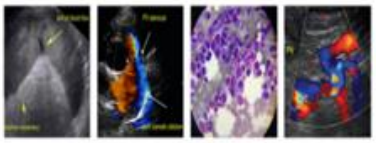
Mass Veterinary Services



SonoPath Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Fifi Spaulding

SPECIES
Feline

BREED
DMH

SEX
Female Spayed

AGE
15 years

WEIGHT
7.19lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
31417

DATE
6/19/23

PRESENTING CLINICAL SIGNS

History: Adopted three years ago from a rescue. Fifi has a history of hyperthyroidism, had I 131 therapy in March 2022, and is now euthyroid. Elevated ProBNP 156. 3-4 weeks ago, became lethargic and anorexic - was hospitalized (IVF fluids and Cerenia) with improvement. On auscultation: Grade II/VI heart murmur; clear lung fields, PSS. *Sedated with propofol for study.

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 largely normal. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and hyperechoic.
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.
Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal 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 166bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.1
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.65
LVID diastole (cm)	1.2
PW thickness (cm)	0.55
LVID systole (cm)	0.47
FS (%)	58

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	0.8
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. Assuming the thyroid is well controlled, hypertension should certainly be considered. It is worth mentioning that a focal septal thickening may or may not reflect a true cardiomyopathy and monitoring for progression is advised; a normal variant is also possible. No 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.

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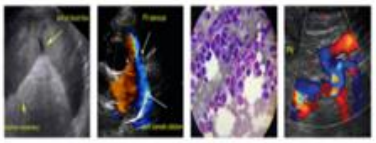

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Risk for use of steroids or fluid therapy typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected acute intolerance and monitoring of RR/RE is recommended, particularly during the initiation phase.

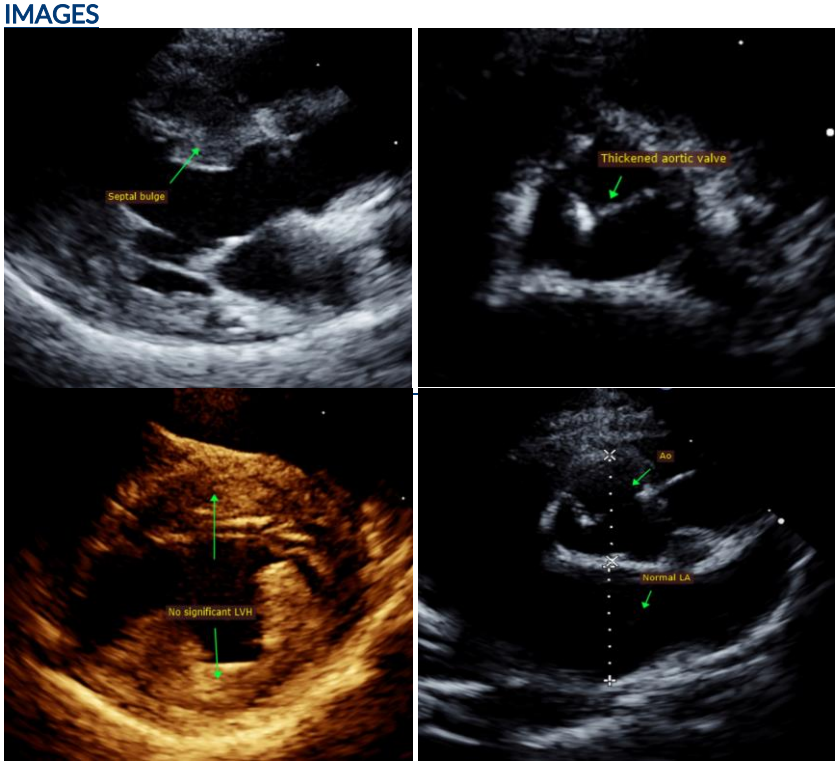
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Monitor BP and 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). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance.
- Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.
- 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



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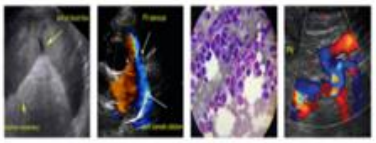

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)