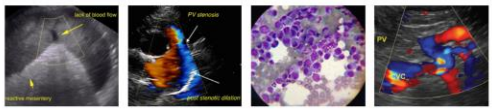
PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



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

PATIENT
Ollie Pimental

SPECIES
Feline

BREED
DLH

SEX
Male Neutered

AGE
7 years

WEIGHT
20lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Falmouth Animal Hospital

REFERRING VET
Dr. Switzer

INVOICE
31466

DATE
6/21/23

PRESENTING CLINICAL SIGNS

History: New grade III/VI sternal heart murmur. High pro BNP (855). No clinical signs. Patient is euthyroid. BP could not be obtained. *Sedated with torb/midaz/alfaxan.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV internal diameter is normal with adequate myocardial function. The LV wall thicknesses are severely increased. The LV myocardium appears mildly remodeled. The papillary muscles are hypertrophied and hyperechoic.
Left atrium: The left atrium and auricle appear normal. No obvious spontaneous contrast is seen.
Mitral valve: The mitral valve is normal in structure and mobility. No systolic anterior motion is seen on color flow; however, 2D is suggestive. No mitral regurgitation.
Aortic valve/Aorta: Aortic valve is normal. Normal outflow velocity, laminar flow. No AI.
Right ventricle: Right ventricular appears normal.
Right atrium: The right atrium is normal.
Tricuspid valve: Tricuspid valve is normal with no TR.
Pulmonic valve/Pulmonary artery: The pulmonic valve appears normal in morphology and mobility. Normal pulmonic outflow velocities with laminar flow. No PI.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	1.3
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.90
LVID diastole (cm)	1.3
PW thickness (cm)	0.81
LVID systole (cm)	0.7
FS (%)	46

Doppler Measurements

PV Vmax (m/s)	0.72
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

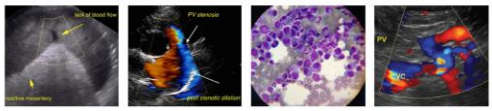
INTERPRETATION OF THE FINDINGS

HCM is a rule out diagnosis one a patient is deemed normotensive and euthyroid. In this euthyroid cat, a blood pressure should be attempted. Regardless, the LA is normal despite severe LV hypertrophy, which is unusual. An LVOTO is not confirmed as the cause of the murmur; however, this is suspected to be mild and is likely masked by sedation. No additional issues are identified.

Given these findings, no medications are clearly indicated. That being said, with this degree of hypertrophy an ace inhibitor could be argued. This is for theoretic benefit as long-term outcome has not been shown to be improved with the medication. Discussion with the owners advised.

Prognosis is guarded long-term with risk for recurrent CHF, development of malignant arrhythmias and/or sudden death in the future.

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
Ollie Pimental

SPECIES
Feline

BREED
DLH

SEX
Male Neutered

AGE
7 years

WEIGHT
20lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Falmouth Animal Hospital

REFERRING VET
Dr. Switzer

INVOICE
31466

DATE
6/21/23

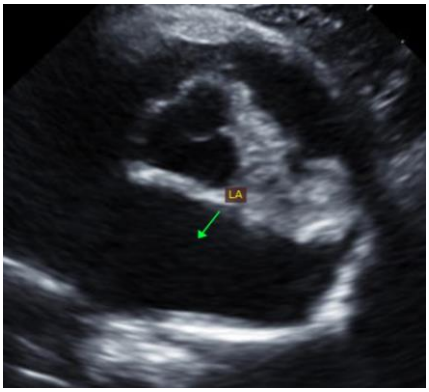
RECOMMENDATIONS

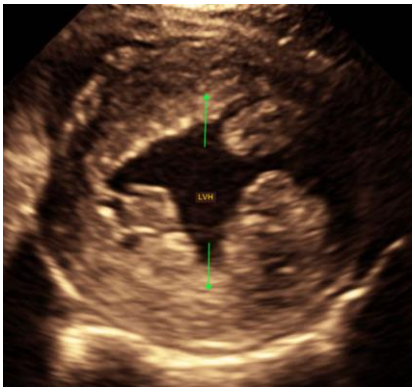
- If easily medicated, consider ACEI 0.5mg/kg PO q12h for theoretic benefit.
- Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.
- Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen an outflow obstruction (if present). 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.

PLAN

- A recheck echocardiogram is recommended every 6 months to assess for progression, sooner if 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

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