PAUS
Pet Animal Ultrasound Service
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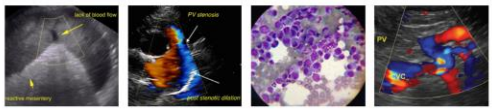

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Chloe Shruhan

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
7 years

WEIGHT
12.6lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Norfolk County Veterinary Services

REFERRING VET
Dr. McCabe

INVOICE
31488

DATE
6/22/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM. Chloe is doing well clinically. BP: 119, 120, 120mmHg. On Atenolol 25 mg, 1/4-tab SID. *Sedated with Torb/Alfaxan.
-Pertinent previous echo findings (12/2/22 MML): LA 1.0 cm, LA:Ao 1.2, IVS 0.64 cm, PW 0.65, normal chamber sizes, mild LVH with irregularity, endocardial remodeling and fibrosis, LVOT Vmax 3.7 m/s.

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 papillary muscles are mildly remodeled and hyperechoic. The endocardium appears mildly remodeled.
Left atrium: The left atrium is normal.
Mitral valve: No obvious systolic anterior motion is noted. No MR.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. 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. 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)	1.2
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.45
LVID diastole (cm)	1.5
PW thickness (cm)	0.47
LVID systole (cm)	0.5
FS (%)	66

Doppler Measurements

PV Vmax (m/s)	0.85
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is evidence of improvement on Atenolol therapy. The LVOTO has resolved, and the LV wall thickness is now normal. This is great news; however, serial monitoring is recommended. Risk for complication is low at this time. No additional issues are identified.

Given these findings, continue Atenolol as prescribed.

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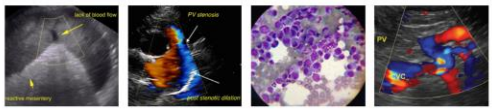

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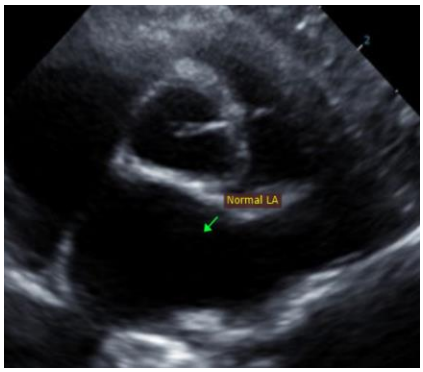
RECOMMENDATIONS

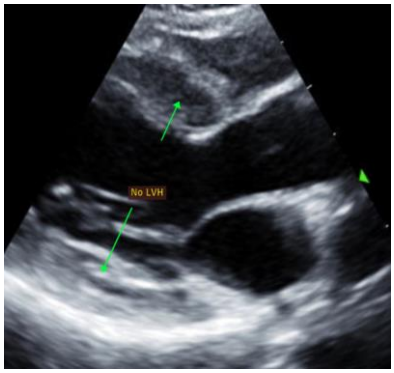
- Continue atenolol as prescribed.
- Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine).
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

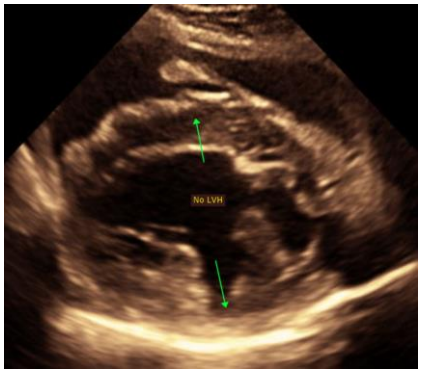
PLAN

- Recommend recheck echocardiogram annually, sooner if clinical signs 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)