IMAGING PERFORMED BY

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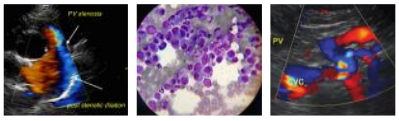

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT
Brady Scrandis

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
10.29.12

WEIGHT
9.81lbs

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

HOSPITAL NAME
Everhart Veterinary Hospital

REFERRING VET
Dr. Hess

INVOICE
24955

DATE
6.23.22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of mitral valve dysplasia – diagnosed in 2017. Arrhythmia noted recently.
-Pertinent abnormal PE/Chem/CBC/UA Results: NSF.
-Current medications: Metoprolol 25mg.
-Sedation used: Patient sedated with Alfaxone, Torbugesic and Gabapentin.
-Pertinent previous ultrasound results (1/2017 MML): No LVH or LVOTO; resolved on Atenolol.
-STAT: Not requested
-Imaging performed by: Andi Parkinson, BS, RDMS.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied with regions of irregularity. There is a mildly hyperechoic endocardium consistent with fibrosis. Mild papillary muscle hypertrophy. The right ventricle is normal. There is no left atrial enlargement present. No right atrial enlargement present. RVOT velocity Is normal. Abnormal anterior motion of the mitral valve is present, with the tip visible in the LVOT during systole. Minimally elevated LVOT velocity with a dynamic profile. The anterior leaflet of the MV is elongated with mild eccentric MR, secondary to abnormal motion. No aortic or pulmonic insufficiency is noted. The aortic valve is thickened and abnormal consistent with valvular stenosis. There is no pericardial effusion noted. No pleural effusion appreciated.

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	4.4	160	0.64	1.2	0.7	55	89
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	1.2		1.5	0.6	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

Compared to the prior study, there is evidence of slight progression. Previously normal LV walls are mildly hypertrophied. The LVOTO appears relatively controlled, although more significant than the prior study. No left atrial enlargement is noted, indicating low risk for complication. No additional issues are identified.

Given these findings, continue Metoprolol as previously prescribed with no obvious indication for additional medications. The heart rate of 160bpm, suggests reasonable control.

Monitor at home for any respiratory signs or evidence of blood clot events (neurologic change, paralysis, etc.). Prognosis is guarded, given the highly variable rates of progression with subclinical feline cardiomyopathy. Many cats will remain asymptomatic until mid-life or beyond, while others develop CHF within the first years. Many cats will remain asymptomatic until mid-life or beyond, while others develop CHF within the first years. Close monitoring for progression to LA dilation in the future will help determine long term prognosis.

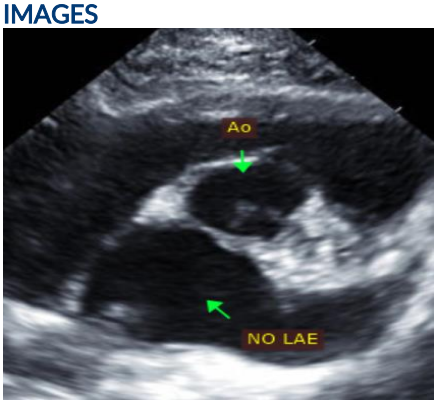
Anesthetic risk is considered moderately elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

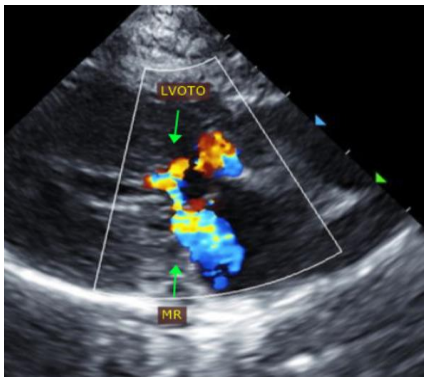
PLAN

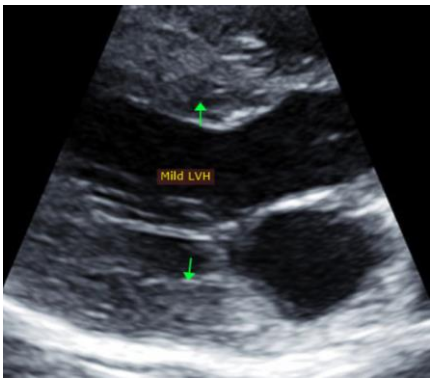
Continue Metoprolol as prescribed.

Recommend recheck echocardiogram in 6-12 months to assess for progression and response to therapy, sooner if clinical issues 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
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