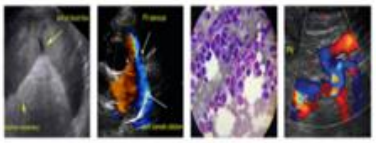
Mass Veterinary Services



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

PATIENT
Sam Joankowski

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
12 years

WEIGHT
7.56lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
31752

DATE
7/10/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM, stable on prior echocardiogram. Presently, Sam is doing well with a good appetite and normal activity level. No collapse episodes, exercise intolerance, or dyspnea. On exam: NSR, grade III/VI parasternal murmur, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2. BP: 120-130mmHg. Current medications: Atenolol 25mg 1/4 tab daily *No sedation for study.
-Pertinent previous echo findings (1/10/23 MML): LA 1.4 cm; LA:Ao 1.4; LV 1.38 cm; mild LAE, moderate asymmetric LVH with endocardial fibrosis and remodeling, LVOT Vmax 2.3 m/s.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV chamber is normal with adequate myocardial function. The LV wall thicknesses are asymmetric with mild septal hypertrophy and severe free wall thickening. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are severely hypertrophied and hyperechoic. The endocardium appears mildly remodeled.
Left atrium: The left atrium is mildly enlarged. No smoke or thrombi seen.
Mitral valve: The anterior leaflet of the mitral valve appears normal. Systolic anterior motion is seen on 2D imaging. Trivial MR.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity with a dynamic profile. 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.
Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity with a dynamic profile.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 150bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.4
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.6
LVID diastole (cm)	1.2
PW thickness (cm)	0.75
LVID systole (cm)	0.6
FS (%)	54

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	3.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Hypertrophic obstructive cardiomyopathy (HOCM) persists with continued stability. The LV and LA dimensions are unchanged with no obvious progression seen. The LVOT appears well controlled, and no additional issues have developed.

Given these findings, continue Atenolol as prescribed. No additional medications are warranted prior to significant dilation.

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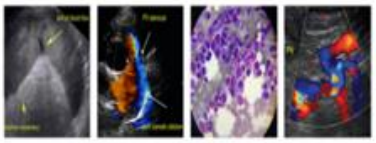

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Even with stability seen here, prognosis remains guarded given the severity of disease in this senior cat. Patient will always be risk for progression to CHF, development of blood clots and/or sudden death in the future.

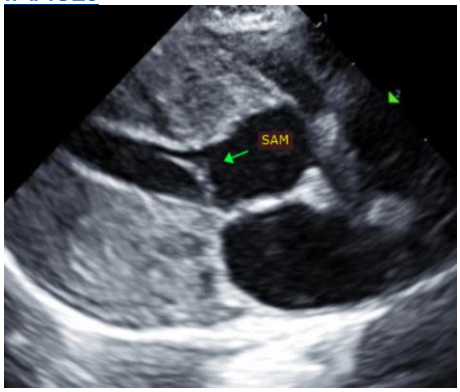
RECOMMENDATIONS

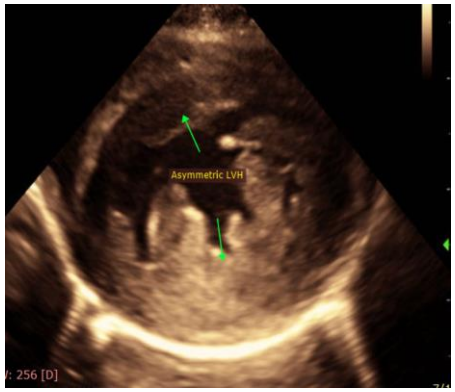
- Continued Atenolol as prescribed.
- Screening BP/T4 every 6 months.
- Anesthetic risk is considered elevated, with high risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor.
- 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

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