SonoPath
Clinical Sonography & Telecytology
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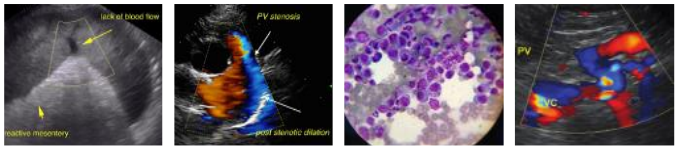


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Smokey FOHA

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
3 years

WEIGHT
13.12lbs

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

IMAGING PERFORMED BY
Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME
Friends of Homeless Animals

REFERRING VET
Dr. Jarrett

INVOICE
25235

DATE
7/11/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 3/6 heart murmur.
-Current medications: Atenolol 25 mg SID and Spironolactone 25 mg SID.
-Pertinent previous echo findings (2/22/22 CS): HOCM, moderate LVH, mild LAE, moderate to severe SAM.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle remodeling. The right ventricle is normal. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. The leaflets of the mitral valve are elongated, consistent with some degree of dysplasia. No obvious LVOTO is appreciated on color flow or doppler imaging. No mitral regurgitation. No other obvious valvular regurgitation is present. 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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.0	150	0.41	1.2	0.40	36	70

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	1.4	1.3	0.82	0.52	NM

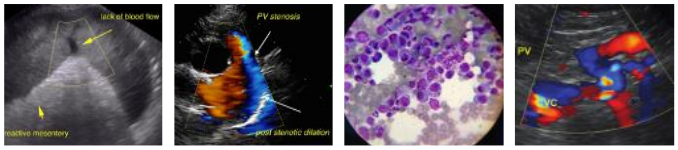
**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
Adapted from June Boon, Veterinary Echocardiography,1998
Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Stable disease with improvement in both LA dimension and LV hypertrophy. This would suggest this was a case of primarily MV dysplasia rather than a primary HCM component. The LVOTO has resolved and previously documented LVH is no longer present. No additional issues are identified, and the risk for complication Is low. HR appears well controlled and within the target range.

Long term prognosis is fair. Patient will require lifelong medication and screening; however, many cats can remain stable for years to come. There will always remain some risk for progression in the future, and yearly screening is recommended. Continue Atenolol lifelong. No indication for Spironolactone at this time and this can be safely discontinued.

Monitor for any development of clinical signs, including labored breathing, coughing or signs of a blood clot (paralysis, neurologic change).



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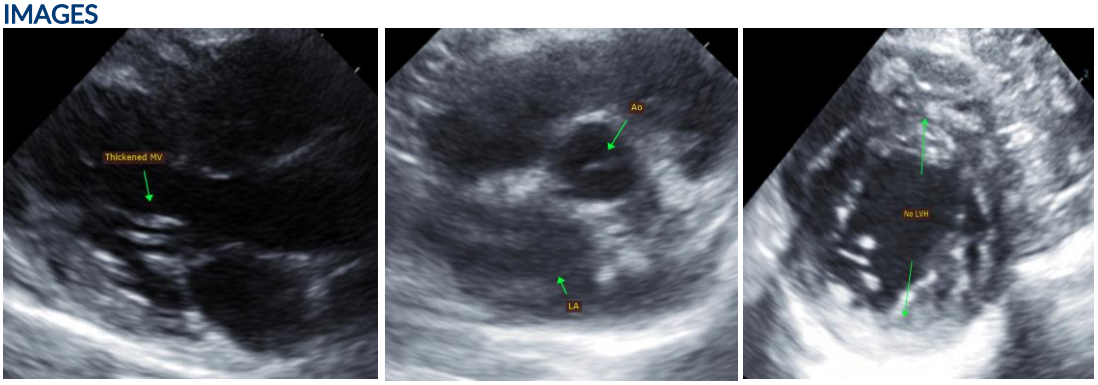
Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol 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

Continue atenolol as prescribed. Discontinue Spironolactone as discussed.

A recheck echocardiogram is recommended annually, sooner if clinical signs 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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