IMAGING PERFORMED BY

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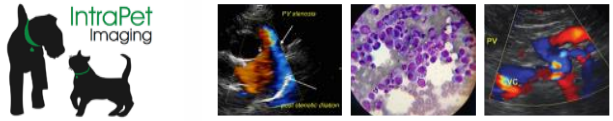

SonoPath
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PATIENT
Sophia Feldman

SPECIES
Feline

BREED
Siamese

SEX
Female Sapyed

AGE
7.11.12

WEIGHT
9.5lbs

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

HOSPITAL NAME
Stevenson Village Veterinary

REFERRING VET
Dr. Vinson

INVOICE
31815

DATE
7.12.23

PRESENTING CLINICAL SIGNS

History: Heart murmur, grade III/VI left parasternal. First noted in Nov 2022. Hx hyperthyroid, well controlled w/ transdermal methimazole. Hx of chronic, intermittent vomiting. Presumptive dietary allergy or IBD, generally well controlled w/ diet.
-Pertinent abnormal PE/Chem/CBC/UA Results: 6/15/23 - ALT 115, Amyl 1470, T4 1.9.
-Current medications: Methimazole 1.25 mg BID transdermal.
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results: No previous.
-STAT: Not requested
-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular in dimension with regions of thinning along the free wall. No obvious LVH. Mild LV dilation. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. Fibrous banding. Remodeled papillary muscles. The left atrium is moderately dilated. The right atrium is normal. Trace TR. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Mild MR secondary to dilation. Blood flow through both the LVOT and RVOT are normal in velocity. Mid-LV obstruction up to 3m/s. No PI or AI. No effusions or obvious cardiac tumors identified.

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	4.3					50	80
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	1.7	1.7		1.8	1.0	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

The LV wall dimension is normal in this patient, with no overt evidence of HCM. Mild MR isof little hemodynamic significance. There is however LV dilation with irregularity and significant remodeling and fibrosis of the wall, which is concerning. The academic diagnosis could be argued in this case; however, there is concern for Restrictive physiology (RCM). The murmur is due to a mid-LV obstruction, due to increased fibrous tissue. Most concerning is the LA is moderately dilated indicating the risk for complication is elevated. No additional issues are identified.

It is important to note that no medications have been shown to change the course of disease at this stage. That being said, due to LA and LV dilation I would consider institution of Pimobendan and Plavix at this juncture. No obvious indication for a beta blocker at this time.

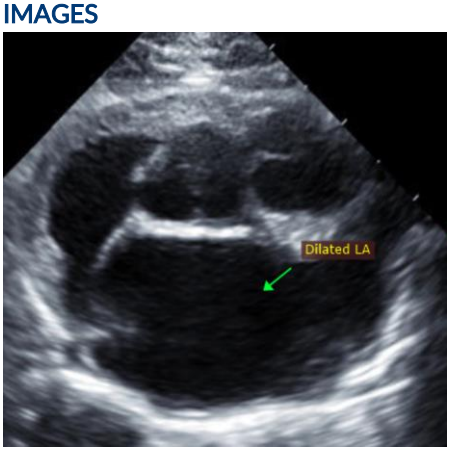
Elective anesthesia is not advised.

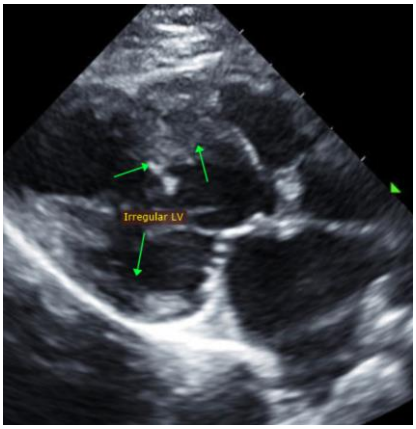
Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change). Montoring of sleeping breathing rates is recommended to screen for early decompensation going forward. Patient will always be at risk for spontaneous CHF, development of blood clots and/or sudden death in the future.

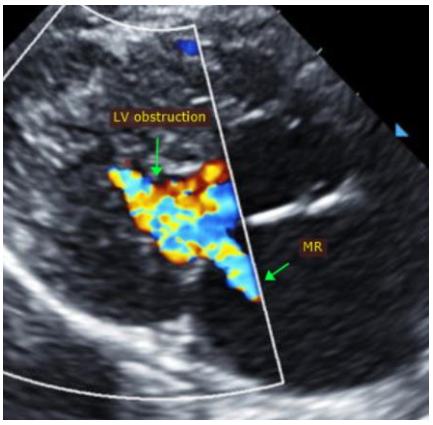
Plan: If able/elected, institute Plavix 18.75mg PO q24h (NOTE: Medication is bitter along the cut edge; coat in entirety or place in a gel cap); If able/elected, institute Pimobendan 1.25mg PO q12h.

A recheck echocardiogram is recommended in 6 months to screen for progressive atrial dilation, sooner if clinical 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.

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