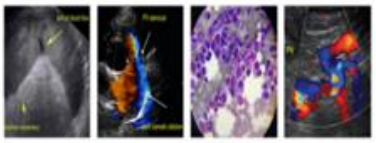
Mass Veterinary Services



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

PATIENT
Scruffy Wawrzynski

SPECIES
Feline

BREED
DMH

SEX
Male Neutered

AGE
8 years

WEIGHT
16lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
31871

DATE
7/17/23

PRESENTING CLINICAL SIGNS

History: Scruffy has a history of asthma. He had pre-anesthetic chest films done in January for a dental which revealed cardiomegaly. He has not received any steroids for his asthma while pending an echo to confirm he should be able to tolerate them. He is eating well with normal activity and no S/V/D/PU/PD. On exam: NSR, no murmurs noted, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2. BP: 140 mmHg x 5. Currently, no medications.

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 normal with a borderline focal septal thickening. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic.
Left atrium: The left atrium is normal. No obvious spontaneous contrast or thrombi seen.
Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. Trivial MR.
Aortic valve/Aorta: The aortic valve is mildly thickened. Normal aortic outflow velocity; laminar flow. Trace 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 mild tricuspid regurgitation. Normal velocity.
Pulmonic 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 150bpm.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.1
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.55
LVID diastole (cm)	1.54
PW thickness (cm)	0.46
LVID systole (cm)	0.57
FS (%)	63

Doppler Measurements

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	0.7
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.1
TR PG (mmHg)	17

INTERPRETATION OF THE FINDINGS

The cardiac structure and function are essentially normal in this patient. There is borderline focal septal thickening, which may reflect early hypertrophic disease or may simply be a normal variant. Serial monitoring is advised. The remainder of the LV measures normal. No additional pathology is appreciated.

These findings would suggest the radiograph appearance is a normal variant. These films should be used as a baseline for future comparison.

Prognosis is open, due to the highly variable rates of progression with subclinical feline cardiomyopathy.

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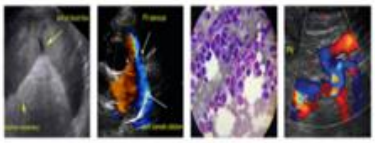

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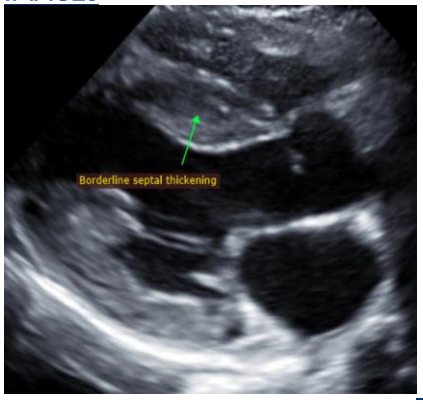
RECOMMENDATIONS

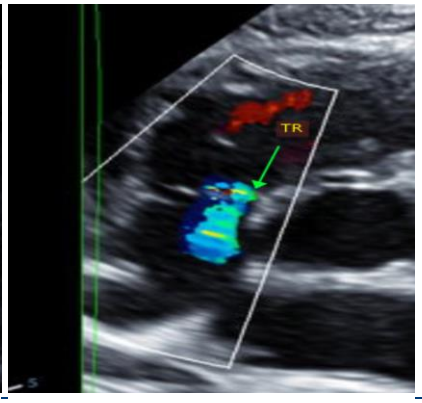
- Given these findings, no medications are indicated.
- Monitor BP and T4 every 6 months.
- Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance.
- Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

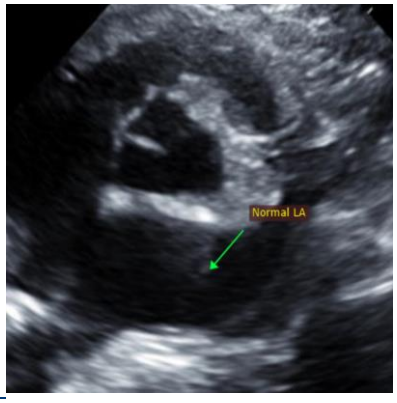
PLAN

- Recommend recheck echocardiogram in 6-12 months to screen for progression, sooner if any 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)