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Pet Animal Ultrasound Service
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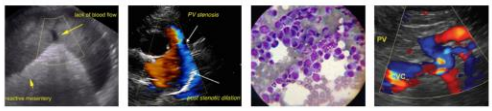

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**
Juju Hazen

**SPECIES**
Feline

**BREED**
DSH

**SEX**
Male Neutered

**AGE**
2 years

**WEIGHT**
11.5lbs

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

**IMAGING PERFORMED BY**
Pamela Harrigan, RDCS

**HOSPITAL NAME**
Norfolk County Veterinray Service

**REFERRING VET**
Dr. Poor

**INVOICE**
31973

**DATE**
7/20/23

## PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM, severe, stable on prior study. Doing well clinically.
-Pertinent previous echo findings (12/22/22 Cardiac Vet, Inc): LA 1.19cm, LA:Ao 1.22, IVS 0.91cm, PW 0.77cm. Normal chamber dimensions. Severe LVH, LVOT, Vmax: 4.14m/s; 69mmHg.

## 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 moderately increased. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are severely hypertrophied and hyperechoic. False tendon. The endocardium appears mildly remodeled.
**Left atrium:** The left atrium is normal. No smoke or thrombi seen.
**Mitral valve:** The anterior leaflet of the mitral valve appears mildly thickened. Systolic anterior motion is seen on 2D imaging. Moderate eccentric MR.
**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Mildly increased 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 trivial tricuspid regurgitation.
**Pulmonary valve/Pulmonary artery**: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity.
**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) | 1.1 |
| LA:Ao (Swe) | 1.1 |
| IVS thickness (cm) | 0.73 |
| LVID diastole (cm) | 1.1 |
| PW thickness (cm) | 0.76 |
| LVID systole (cm) | 0.4 |
| FS (%) | 67 |

**Doppler Measurements**

| | |
|---|---|
| PV Vmax (m/s) | 0.7 |
| AoV Vmax (m/s) | 3.8 |
| MR Vmax (m/s) | NA |
| TR Vmax (m/s) | NA |
| TR PG (mmHg) | NA |

## INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are mildly improved. The LV wall thickness is slightly decreased, which is a good sign. The LA remains normal, suggesting low risk for complication. The LVOTO persists, although the velocity is in the mild to moderate category with secondary MR. No additional issues are identified.

Given these findings, Atenolol is recommended as previously discussed. The medication is not listed in the history; however, a HR of 150bpm suggests it's use. Prognosis remains guarded given the severity of disease in this relatively young cat. Patient will always be risk for progression to CHF, development of blood clots and/or sudden death in the future.

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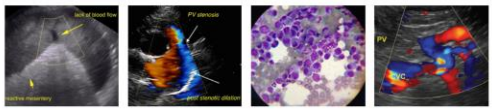

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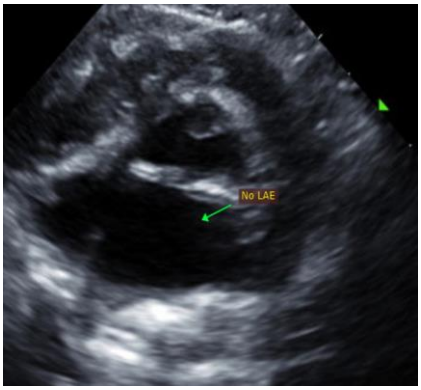
## RECOMMENDATIONS

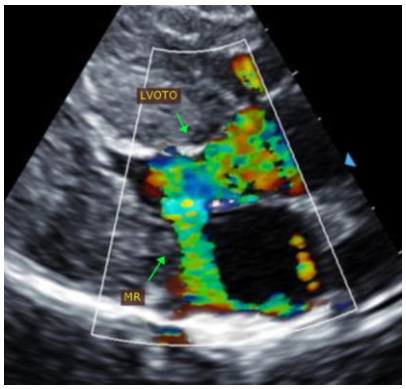
- Continue Atenolol: 25mg tablets; Give ¼ tab once daily. Recheck heart rate in 1-2 weeks with target stressed rate of 140-160bpm 12-24 hours post-administration. Increase as needed until target reached.
- Screening BP/T4 if not recently performed.
- Anesthetic risk is considered elevated, with high 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.).

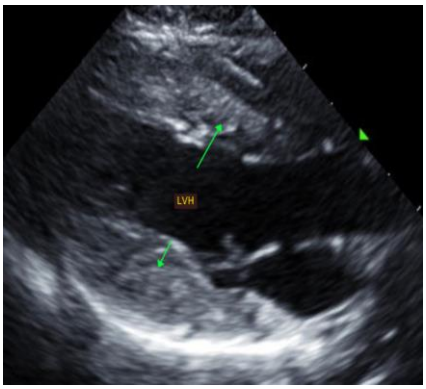
## PLAN

- Recommend recheck echocardiogram in 6-12 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)