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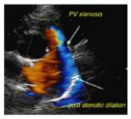
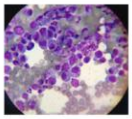
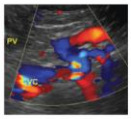
SVS IMAGING

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

PATIENT
Ebony Edisis

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
9 years

WEIGHT
7.1lbs

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

IMAGING PERFORMED BY
Kim Liedberg

HOSPITAL NAME
SVS Imaging WI

REFERRING VET
Dr. Bever

INVOICE
25538

DATE
7/26/22

PRESENTING CLINICAL SIGNS
History: Possible hypertension. Bilateral fully dilated pupils with sluggish PLRs. Increased HR with gallop murmur. BP: 196/154 (168)mmHg.
-Abnormal PE/Chem/CBC/UA Results: BW WNL.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.
A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 210bpm with a regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed. ECG diagnosis: Normal sinus tachycardia.

ECHOCARDIOGRAM FINDINGS
2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Blood flow through the RVOT is normal in velocity. No TR. No PI. Normal aortic and pulmonic valves. Prominent ascending segment of the aorta. No evidence of cardiac tumors or metastatic lesions on this scan. No effusions seen.

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	3.2	213	0.53	1.2	0.49	42	77
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	1.3	1.0	1.0		NM	1.3	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
Essentially normal geriatric cardiac structure and function. There is mild remodeling and fibrosis of the left ventricular wall, which may be age-related. Serial echocardiography will be necessary to determine progression, however the overall structure is normal indicating risk for complication is low. No evidence of hypertensive cardiomyopathy (which would result in LVH). That being said the ascending aorta does appear prominent which may reflect elevated pressure. The ECG is unremarkable with a normal sinus tachycardia.

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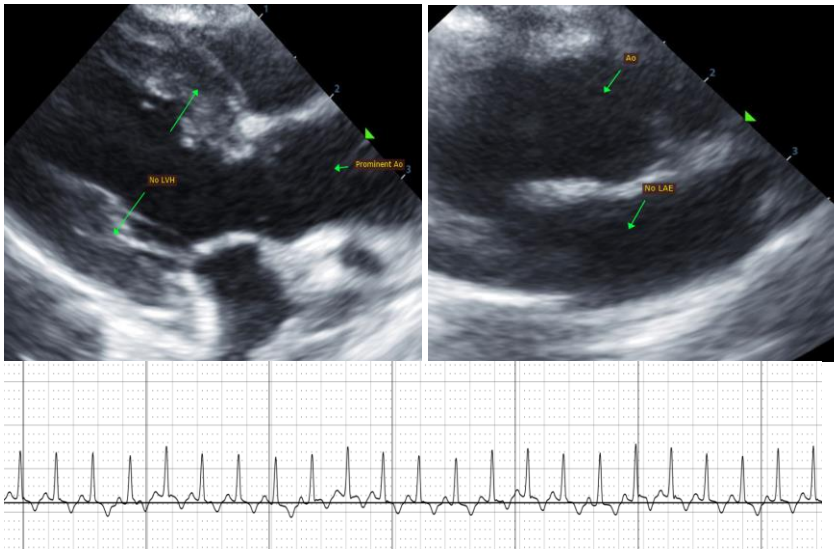
The reported blood pressure is elevated and may be accurate based upon reported clinical signs. That being said, reassessing for accuracy is certainly advised prior to instituting lifelong medications. Ideally obtain serial measurements in a controlled, low stress environment and continue until the readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect (target <150mmHg in hospital). Additionally, if deemed accurate, screen for common causes is recommended (such as proteinuria), as further medications may be indicated.

Given these findings, no cardiac specific medications are indicated. Anesthetic risk is considered mild if needed, and there is no contraindication to proceeding as you would with any geriatric cat. However, with this degree of remodeling and diastolic stiffening there is an elevated risk for fluid overload and judicious IV fluid use is recommended.

Once BP is controlled, recheck every 4-6 months. Recommend recheck echocardiogram in 1 year to assess for progression.

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. 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

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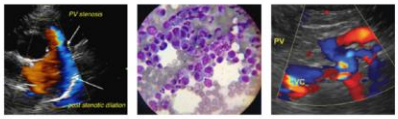

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