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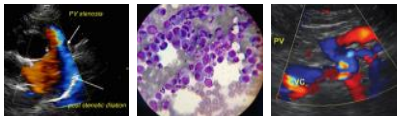

SonoPath
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PATIENT
Curry Hollenbach

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
5.24.16

WEIGHT
16lbs

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

HOSPITAL NAME
Eastern Animal Hospital

REFERRING VET
Dr. Michelotti

INVOICE
32019

DATE
7.31.23

PRESENTING CLINICAL SIGNS

History: History of HCM. Grade 3/6 heart murmur. Clinically stable on Atenolol at home.
-Current medications: Long term Atenolol 25mg ¼ SID.
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results (12/2021 MML): Mild LVH, no LAE, no SAM. IVSd: 0.6, LVWd: 0.65, LA: 1.2. Stable on Atenolol.
-STAT: Not requested
-Imaging performed by: Stephanie Warga RDCS, RVT.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at both 25 and 50mm/s; 2mm/mV. The average heart rate is 188bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS cannot be visualized in lead 2. The MEA is indeterminant. No ectopic beats, pauses or dysrhythmias observed.
ECG diagnosis: Normal sinus tachycardia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly symmetrically hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscles appear normal. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No obvious systolic anterior motion (SAM) seen on 2D imaging; however, the LVOT velocity is mildly elevated. Trivial mitral regurgitation. No obvious AI. 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	7.3	NM	0.67	1.68	0.65	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	NM	1.3	1.3		2.1	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

Compared to the prior study, findings are similar. The LV wall dimensions are unchanged and the LVOTO appears mild. The LA is normal, suggesting low risk for complication. No additional issues are identified.

The ECG does show mild tachycardia for patient on Atenolol therapy. That being said, given a lack of structural progression, no dose change is suggested at this time.

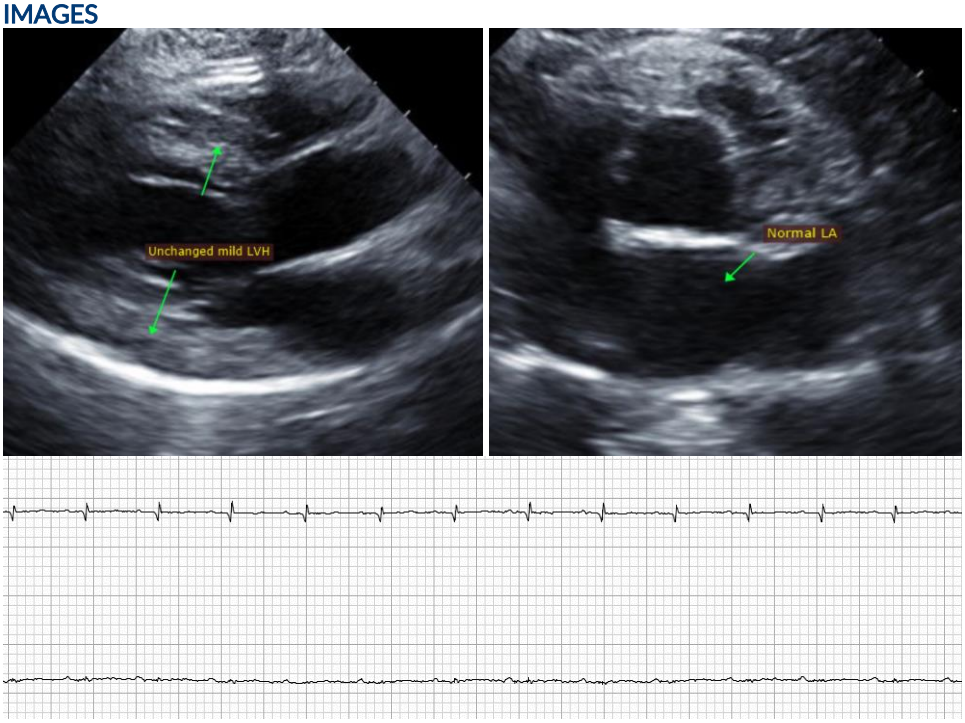
Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance. 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

Screening BP and T4 every 6 months. Continue Atenolol as prescribed.

Recommend conservative monitoring with a recheck echocardiogram 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.

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