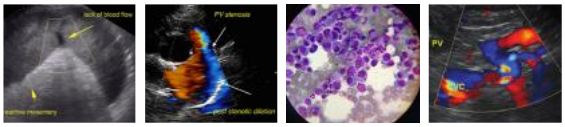
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Sid Johnson

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
9 years

WEIGHT
11.3lbs

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
VCA Mckenzie Animal Hospital

REFERRING VET
Dr. Wayland

INVOICE
25224

DATE
7/8/22

PRESENTING CLINICAL SIGNS

History: Grade 3/6 heart murmur. Pre-op showed irregular VPCs. Anemic. BP: 145, 145, 166mmHg.
-CXR report: Mild cardiac enlargement with mild bronchiolar pattern.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A brief single lead ECG is available; 25mm/s, sens not provided, 9 seconds in length. Mm marks cannot be visualized; however, the underlying rhythm appears sinus in origin with a reasonable heart rate. Isolated VPCs are seen throughout; singles only and monomorphic.
ECG diagnosis: Normal sinus rhythm with isolated VPCs.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with a mild focal septal thickening. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle remodeling. 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. There is systolic anterior motion (SAM) of the mitral valve present, with an LVOTO (not captured on Spectral doppler). There is mild eccentric mitral regurgitation present secondary to SAM. 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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.1	150	0.68	1.5	0.48	47	90

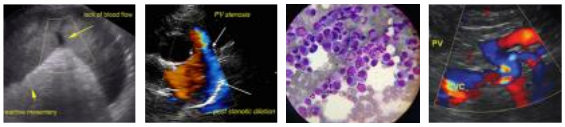
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) (Abbott)	LA 2D short axis Base view (cm) (Abbott)	LVOT VEL (m/s)	RVOT VEL (m/s)	E max (m/s)
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9
PATIENT	NM	1.3	1.2	0.92	0.8	NM

**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

The diagnosis is hypertrophic obstructive cardiomyopathy. This indicates LV hypertrophy (focal in this case) with a dynamic LVOT obstruction (SAM) and secondary MR. There is no left atrial dilation, indicating the risk of spontaneous CHF and/or a thrombotic event, while currently low, may be elevated in the future. A screening BP and T4 are recommended every 6 months, as both can exacerbate disease.

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



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Sid Johnson

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
9 years

WEIGHT
11.3lbs

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
VCA Mckenzie Animal Hospital

REFERRING VET
Dr. Wayland

INVOICE
25224

DATE
7/8/22

The ECG does show frequent single ventricular premature contractions (VPCs). VPC's can develop secondary to structural disease; however, full systemic evaluation should always be considered to screen for additional issues. While no anti-arrhythmic therapy is specifically indicated with only single VPC's, Atenolol may be useful in this case to both decrease the outflow tract obstruction and decrease frequency of VPC's in this patient. If there is difficulty medicating at home, an alternative approach would be closely monitoring for progression in the next 6 months.

Anesthetic risk is elevated due to the VPC's and is not advised in this patient.

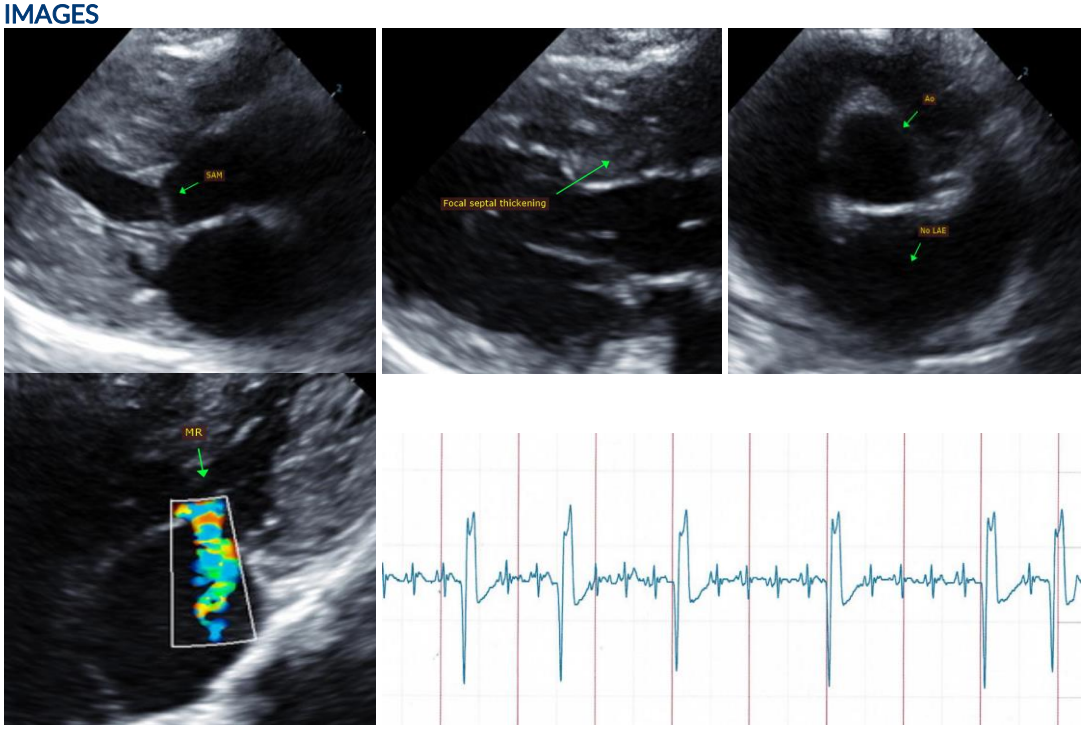
Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

PLAN

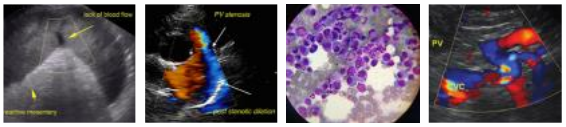
Screening BP/T4 q6mo. Administer titrating dose of atenolol: 25mg tablets; Give ¼ tab once daily. Recheck heart rate in 1-2 weeks with target stressed rate of 140-160bpm 12-24 hours post-administration. Increase as needed until target reached. Full systemic screening recommended.

Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues arise.

IMAGES



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



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Sid Johnson

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
9 years

WEIGHT
11.3lbs

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
VCA Mckenzie Animal Hospital

REFERRING VET
Dr. Wayland

INVOICE
25224

DATE
7/8/22

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