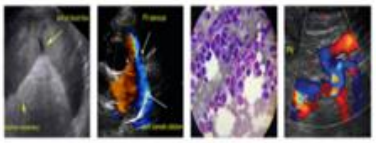
Mass Veterinary Services



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

PATIENT
Meowzel Gilmore

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
17 years

WEIGHT
11.8lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
32077

DATE
8/1/23

PRESENTING CLINICAL SIGNS

History: Meowzel has a history of vestibular disease noted a year ago. He was recently treated for fleas which may have led to anemia. He was recently seen at Pieper (July 20th) for dyspnea and had a chest tap with the fluid being a modified transudate. Meowzel also has a history of constipation and hyperthyroidism. Previous echocardiogram done to evaluate a low-grade heart murmur performed on June 19, 2023. Findings: No significant abnormalities on echo. Atria were considered normal in size. (LA 1.7 cm, LA:Ao 1.8) Infrequent VPCs were noted on ECG. On exam: arrhythmia, grade III/VI parasternal murmur, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2. BP: 140-150mmHg. Current medications: 1) Pimobendan/vetmedin 1.25mg 1 tab twice a day 2) Lasix/furosemide 12.5mg 1 tab twice a day 3) Methimazole/tapazole 5mg/ml 0.3mls twice a day 4) Lactulose 3mls twice a day 5) Cisapride 1 twice a day *No sedation for study.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with adequate myocardial dysfunction. The LV wall thicknesses are asymmetric with mild thinning of the septum. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and hyperechoic.
Left atrium: The left atrium is mildly dilated. 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. Trace MR.
Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. 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 no tricuspid regurgitation.
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 188bpm.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.6
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.47
LVID diastole (cm)	1.6
PW thickness (cm)	0.48
LVID systole (cm)	0.7
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The only abnormality identified is mild left atrial enlargement. The LV wall thickness is normal, ruling out typical hypertrophic disease as a cause. This likely reflects unclassified cardiomyopathy (UCM) without obvious LV pathology. No additional issues are identified.

Mild left atrial enlargement would suggest that CHF is an unlikely cause of pleural effusion. Further evaluation is recommended, such as fluid cytology and full systemic

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evaluation. That being said, in a 17-year-old cat, if the response to Lasix has been positive, an alternative approach would be to simply continue the medication and maintain quality of life. My assumption based upon this study, however, is that this is unlikely to be necessary as is Pimobendan. Recommend further evaluation of chest radiographs and fluid prior to determining if medications can be discontinued.

An arrythmia is noted in the history; however, no apparent arrhythmias are seen on the ECG. If recurrent, an extended tracing may be warranted.

Prognosis is guarded prior to assessing for progression.

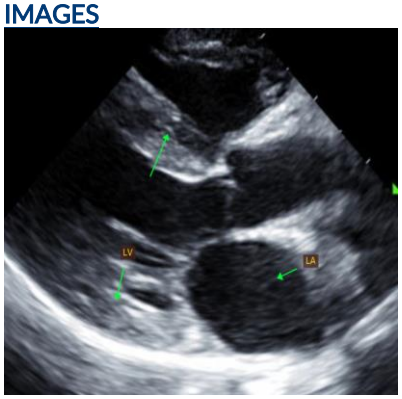
RECOMMENDATIONS

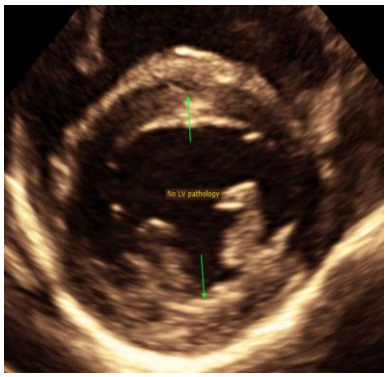
- Reconsider the diagnosis of CHF to determine if medications can be discontinued. This includes fluid cytology, full systemic evaluation, etc.
- Anesthesia is not advised.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.

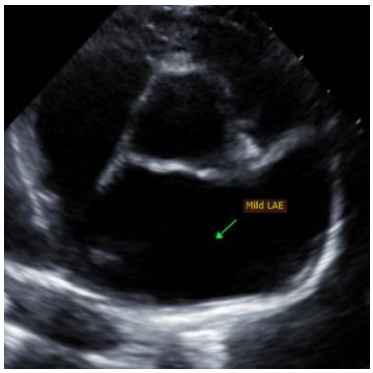
PLAN

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