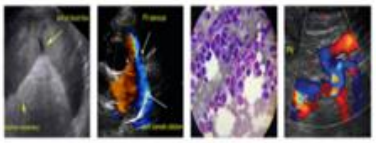
Mass Veterinary Services



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

**PATIENT**
Sprite Hartnett

**SPECIES**
Feline

**BREED**
DSH

**SEX**
Female Spayed

**AGE**
7 years

**WEIGHT**
11.25lbs

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

**IMAGING PERFORMED BY**
Pamela Harrigan, RDCS

**HOSPITAL NAME**
Mass Veterinary Services

**REFERRING VET**
Dr. Masloski

**INVOICE**
32064

**DATE**
8/1/23

## PRESENTING CLINICAL SIGNS

History: Sprite was noted to have a heart murmur in May. A ProBNP done at that time was elevated at 140. Presently, Sprite is doing well at home. She is eating well with normal activity level. On exam: NSR, grade III/VI parasternal murmur, PSS, lung fields clear, compressible thorax, mm pink, moist CRT<2. BP: 130-140mmHg. Current medications: none *Sedated with Propofol for study.

## ECHOCARDIOGRAM FINDINGS

**Left ventricle:** The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are asymmetric, with mild to moderate septal hypertrophy contrasting a normal free wall. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly hypertrophied with remodeling.
**Left atrium:** The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.
**Mitral valve:** The mitral valve is mildly thickened and elongated. No obvious systolic anterior motion is seen. Mild MR.
**Aortic valve/aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity on spectral doppler; however, an obstruction is noted on color flow and 2D imaging, secondary to septal thickening. 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 mild tricuspid regurgitation. Normal velocity.
**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 150bpm.

**2-Dimensional Measurements**

| | |
|---|---|
| Ao diam (cm) | 1.0 |
| LA diam (cm) | 1.0 |
| LA:Ao (Swe) | 1.0 |
| IVS thickness (cm) | 0.74 |
| LVID diastole (cm) | 1.2 |
| PW thickness (cm) | 0.4 |
| LVID systole (cm) | 0.6 |
| FS (%) | 50 |

**Doppler Measurements**

| | |
|---|---|
| PV Vmax (m/s) | 0.4 |
| AoV Vmax (m/s) | 1.2 |
| MR Vmax (m/s) | NM |
| TR Vmax (m/s) | 2.0 |
| TR PG (mmHg) | 16 |

## INTERPRETATION OF THE FINDINGS

HCM is a rule out diagnosis, once hypertension and hyperthyroid disease are ruled out. In this normotensive cat a thyroid level should be considered. The LV thickening is asymmetric with a significantly thickened septum contrasting a normal free wall. The murmur appears to be secondary to the hypertrophy with an LVOTO appreciated on color flow imaging. Regardless, what is seen here appears relatively mild.

No medications are indicated at this time as the LVOTO does not appear significant. Prognosis is guarded, due to the highly variable rates of progression with subclinical feline cardiomyopathy.

Mass Veterinary Services

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

**PATIENT**
Sprite Hartnett

**SPECIES**
Feline

**BREED**
DSH

**SEX**
Female Spayed

**AGE**
7 years

**WEIGHT**
11.25lbs

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

**IMAGING PERFORMED BY**
Pamela Harrigan, RDCS

**HOSPITAL NAME**
Mass Veterinary Services

**REFERRING VET**
Dr. Masloski

**INVOICE**
32064

**DATE**
8/1/23

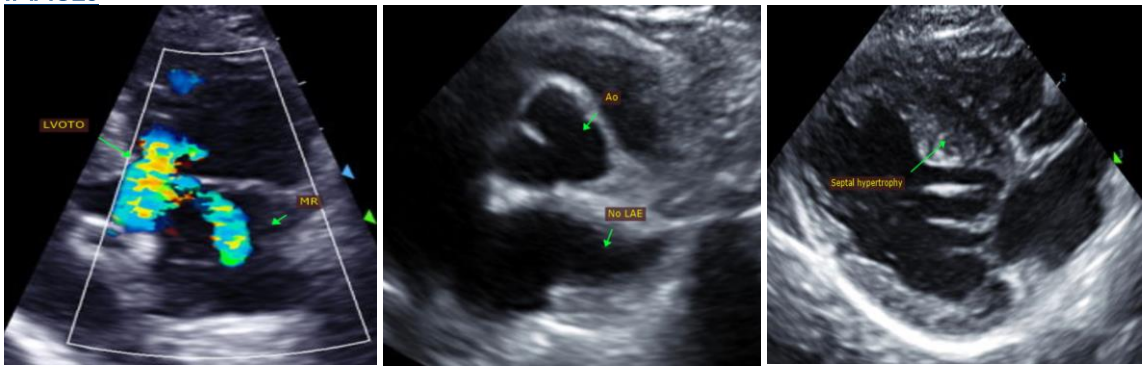
## RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Monitor BP and T4 every 6-12 months.
- 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.
- Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.
- 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 screen for progression, sooner if any clinical signs 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)