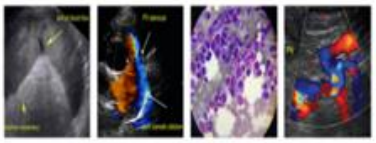
Mass Veterinary Services



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

PATIENT
Hobbes Deloria

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
5 years

WEIGHT
12.75lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
25681

DATE
8/10/22

PRESENTING CLINICAL SIGNS

History: History severe HCM with resolved cardiogenic thromboembolism. Current presentation: Hobbes recently had several days of increased respiratory rate and effort which responded to some increased Lasix. He is currently doing better than last week; He continues to eat well with normal activity. His current resting respiratory rate at home is 24-28. On exam: NSR, grade III/VI murmur noted best on sternum, PSS, lung fields clear, compressible thorax . BP: 120 mmHg x 5. Current medications: 1) Pimobendan/vetmedin1.25mg 1 tab twice a day 2) Lasix/furosemide 12.5mg 1 tab am and pm with 1/2-tab mid-day 3) Plavix/clopidogrel 75mg 1/4 tab daily 4) Spironolactone 25mg 1/4 tab twice a day *Sedated with propofol for study.
-Pertinent previous echo findings (2/23/22 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 2.3 cm; LA:Ao 2.3; IVS 0.73 cm; FW 0.90 cm; marked LVH with endocardial remodeling; marked LAE; mild MR; no LVOT obstruction. *Sedated with propofol for study.

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 175bpm with a regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. Two isolated VPCs are identified. No supraventricular premature beats, pauses or other dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm with rare isolated VPCs.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV dimeter is mildly increased. The LV wall thicknesses are highly asymmetric with marked free wall thickening and basilar septal thinning. False tendon. The endocardium appears remodeled. The papillary muscles are hypertrophied. Systolic function is depressed.
Left atrium: The left atrium and auricle are markedly dilated. No obvious thrombus. Spontaneous contrast is suspected.
Mitral valve: The mitral valve is normal in structure and mobility. No systolic anterior motion is seen. Mild central mitral regurgitation.
Aortic valve/Aorta: Aortic valve is normal. Normal outflow velocity, laminar flow. No AI.
Right ventricle: Right ventricular appears normal.
Right atrium: The right atrium is normal.
Tricuspid valve: Tricuspid valve is normal with no obvious TR.
Pulmonic valve/Pulmonary artery: The pulmonic valve appears normal in morphology and mobility. Decreased pulmonic outflow velocities with laminar flow. No PI.
Pericardium/other: Scant pericardial effusion. No obvious pleural effusion. No obvious cardiac tumors.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	2.1
LA:Ao (Swe)	2.1
IVS thickness (cm)	0.35
LVID diastole (cm)	2.1
PW thickness (cm)	0.77
LVID systole (cm)	1.3
FS (%)	38

Doppler Measurements

PV Vmax (m/s)	0.87
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

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INTERPRETATION OF THE FINDINGS

Hypertrophic cardiomyopathy (HCM) persists with evidence of progression. Most significantly, the LV wall now has a region of discrete thinning of the basilar septum which likely reflects an infracted region. The free wall remains severely hypertrophied; however, the LV chamber is mildly dilated. The LA remains massively enlarged with evidence of smoke, indicating high risk for complication. These findings likely reflect end-stage or burnout physiology. No additional issues are identified.

Given that the patient is doing well, no medication changes are warranted at this time; however, maintaining the increased dose of Lasix is recommended.

Prognosis remains poor long-term; however, it is encouraging the patient continues to do well at home. There will always be at high risk for recurrent episodes of CHF, development of blood clots, malignant arrhythmias and/or sudden death in the future.

The ECG shows isolated VPCs, which are not surprising given the severity of LV pathology. Only two isolated VPCs are appreciated, and no treatment is warranted at this time. Follow up is advised should any collapse or acute exercise intolerance be noted in the future.

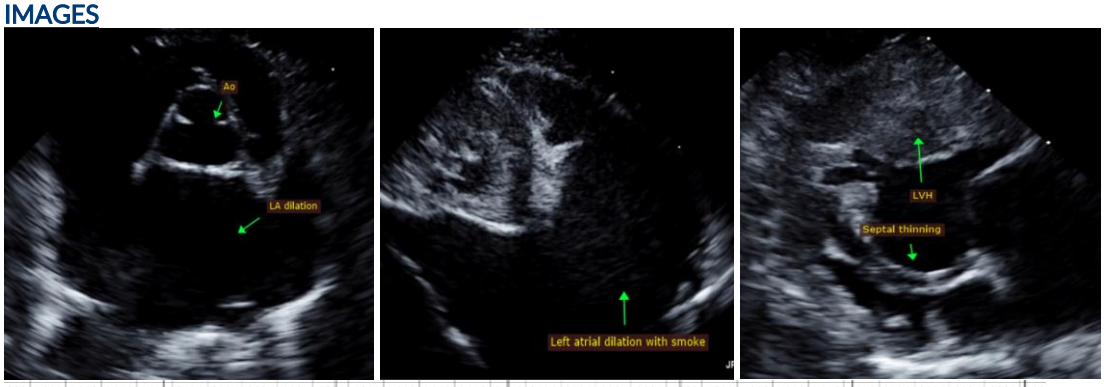
RECOMMENDATIONS

- Continue Lasix, Pimobendan, Spironolactone and Plavix at current dosages.
- Monitor for signs of sustained arrythmias, such as syncope.
- Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.
- Avoid anesthesia, steroids and/or fluid therapy unless absolutely necessary in the future.

PLAN

- Monitor renal values/BP every 6 months lifelong.
- A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if issues arise in the interim.

IMAGES



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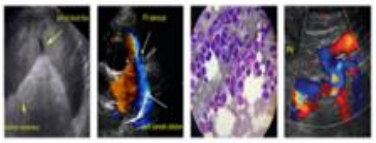

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)