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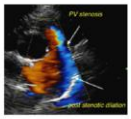
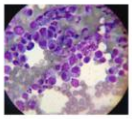
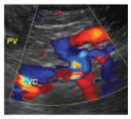
SVS IMAGING

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

PATIENT
Eve Murphy

SPECIES
Feline

BREED
Himalayan

SEX
Female Spayed

AGE
16 years

WEIGHT
6.6lbs

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

IMAGING PERFORMED BY
Sarah Pender, CVT

HOSPITAL NAME
SVS Imaging QC

REFERRING VET
Dr. Narske

INVOICE
20535

DATE
8/13/21

PRESENTING CLINICAL SIGNS

History: Losing weight, not regulating temperature, not eating.
-Abnormal PE/Chem/CBC/UA Results: Azotemic.
-Blood pressure 1) 189/159 (172), 2) 202/145 (163), 3) 183/130 (167)mmHg.
-Radiographs Abnormal looking heart.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with diffuse remodeling of the endocardium. The papillary muscles are remodeled and hyperechoic. The left atrium is borderline normal in size. The right atrium is prominent in some views. The right ventricle is normal. The mitral valve is normal in structure and mobility. Blood flow through both the LVOT and RVOT is normal in velocity. Scant pericardial effusion in some views, difficult to confirm in ancillary images. No pleural effusion seen. No obvious cardiac tumors.

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	3.0	157	0.41	1.2	0.41	47	82
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	1.75	1.3	1.17		0.9	1.0	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 overall dimensions of the heart are overtly normal. There is no significant LV hypertrophy present or evidence of significant cardiomyopathy. The right atrium is prominent in some views and the LA borderline, which is difficult to interpret and may be a normal finding. The heart is significantly remodeled which may suggest restrictive/unclassified disease or may simply be a normal variant in this senior cat. Follow up is advised. Finally, scant pericardial effusion is noted in some views, which is also of unknown significance. This is likely the cause of the radiographic abnormalities and is unlikely to reflect congestive heart failure. Rule outs include infectious/inflammatory origin, neoplasia, etc. Follow up is advised.

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Given the totality of the findings, structural cardiac disease is unlikely to be related to current clinical issues. The pericardial effusion is insignificant from a clinical standpoint; however, may suggest ancillary pathology elsewhere in the body, such as neoplasia. Full systemic evaluation is advised including abdominal ultrasound. Finally, if the patient develops any respiratory signs in the future, repeating chest radiographs and potentially referring to a local Cardiologist may be useful given the unusual nature of the findings.

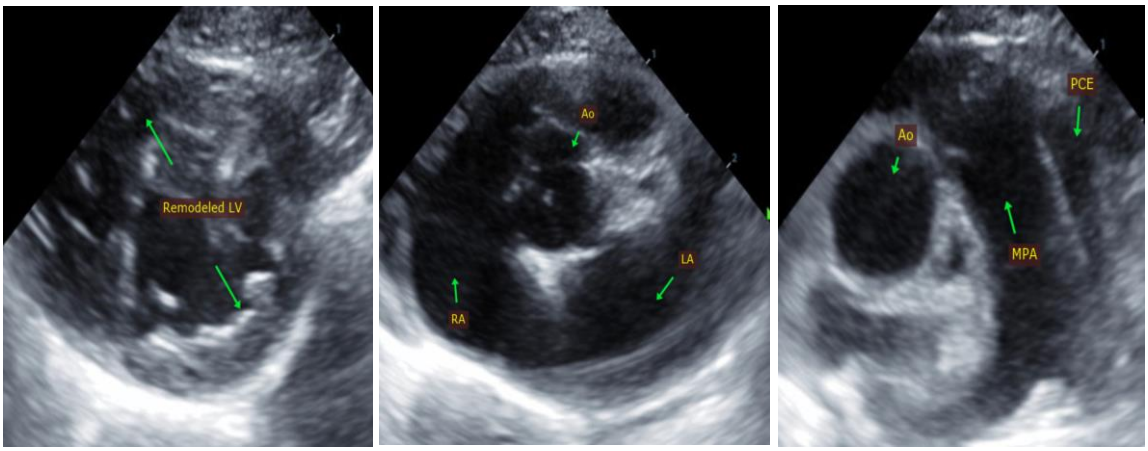
Prognosis is guarded prior to reassessment in the future. Monitor for any respiratory changes, signs of a blood clot even, and/or collapse episodes in the future.

PLAN

Full systemic evaluation as discussed. If respiratory signs develop, repeat chest radiographs referral, etc. as recommended.

A recheck echocardiogram is recommended in 6 months to screen for any progressive changes, sooner if any 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. 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