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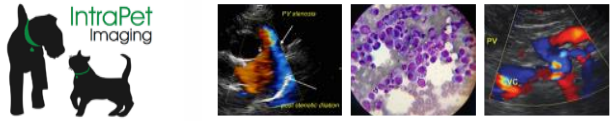

SonoPath
Clinical Sonography & Telecytology
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PATIENT
Sylvester Waters

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
10.25.09

WEIGHT
15.44lbs

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

HOSPITAL NAME
North Laurel Animal Hospital

REFERRING VET
Dr. Steere

INVOICE
25884

DATE
8.18.22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 2/6 murmur.
-Pertinent abnormal PE/Chem/CBC/UA Results: No new lab work performed since last echo.
-Current medications: Atenolol 12.5mg BID, Amlodipine 0.625mg SID.
-Sedation used: Torbugesic IV.
-Pertinent previous ultrasound results (2/2022 MML): Mild LVH, no LAE. Heart rate dependent SAM, moderate MR, mild TR. IVS: 0.60, LVWd: 0.58, LA: 1.2
-STAT: Not requested.
-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscles appear normal. The right ventricle is subjectively normal in size and morphology. There is no left atrial dilation. No right atrial enlargement present. Normal RVOT velocity. No significant systolic anterior motion (SAM) is visualized. Trivial mitral regurgitation seen associated with abnormal valve motion. Mild to moderate tricuspid regurgitation. No AI/PI. There is no pericardial effusion noted. No pleural effusion appreciated. 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	7.0	NM	0.68	1.6	0.65	63	94
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	1.3		1.2	0.92	NM

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

Compared to the prior study, findings are similar with mild LVH and regions of irregularity. Interestingly, serial exams have shown intermittent SAM, which is not apparent again on this exam potentially due to the increased atenolol dosing. The TR is slightly increased; however, the velocity is normal. No additional issues are identified.

Given these findings, the risk for complication is low and no additional medications are indicated. Continue Amlodipine and Atenolol as prescribed. Prognosis remains guarded long-term; however, this is certainly encouraging to see.

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

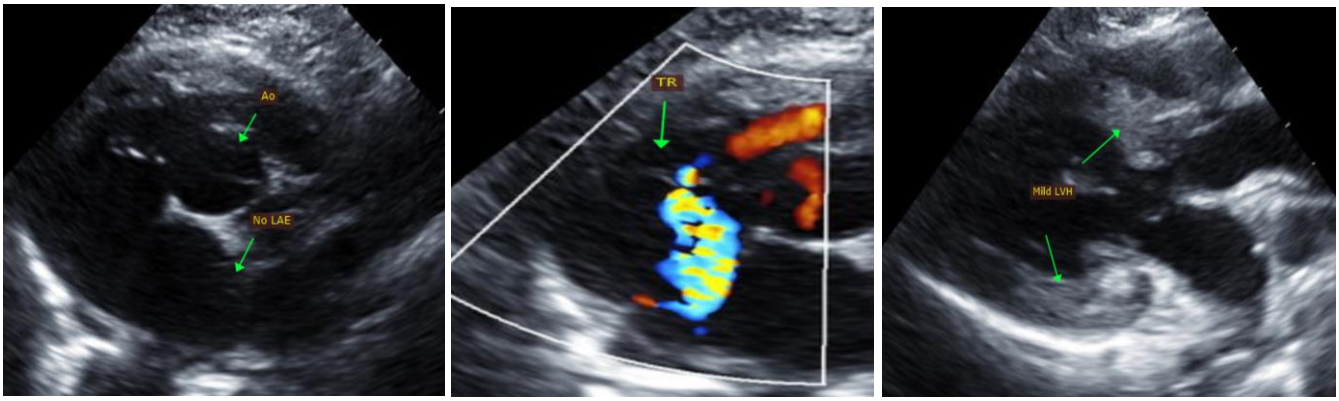
Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

PLAN

Continue Atenolol and Amlodipine as prescribed.

Recommend recheck echocardiogram in 6-12 months to assess for progression, sooner if clinical issues 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. 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.

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