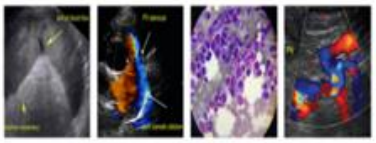
Mass Veterinary Services



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

PATIENT
Pigeon Milstein

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
6 years

WEIGHT
12.81lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
26114

DATE
8/31/22

PRESENTING CLINICAL SIGNS

History: Pigeon has a history of a heart murmur. An echocardiogram done in July 2020 diagnosed HCM (LA 1.36 cm; LA:Ao 1.26). Started on Atenolol. She is presently doing well with a good appetite and activity level. Occasionally wheezing when sleeping. On exam: NSR, grade III/VI parasternal murmur, PSS, lung fields clear, compressible thorax. BP: 150mmHg. Current medication: Atenolol 25mg 1/4 tab daily *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 function. The LV wall thicknesses are irregular with a significant basilar septal thickening. The remainder of the LV is mildly thickened. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium appears mildly remodeled.
Left atrium: The left atrium is moderately dilated with a horizontal component. No obvious spontaneous contrast or thrombi seen.
Mitral valve: The mitral valve is normal with evidence of systolic anterior motion. Moderate eccentric mitral regurgitation is seen.
Aortic valve/Aorta: The aortic valve is normal. Mildly elevated aortic outflow velocity; secondary to SAM. Dynamic profile. 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 effusion. Suspect small pocket of pleural effusion; however, this cannot be confirmed on ancillary views. No obvious cardiac masses.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.8
LA:Ao (Swe)	2.0
IVS thickness (cm)	0.75
LVID diastole (cm)	1.5
PW thickness (cm)	0.51
LVID systole (cm)	0.66
FS (%)	56

Doppler Measurements

PV Vmax (m/s)	0.65
AoV Vmax (m/s)	3.5
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Hypertrophic Obstructive Cardiomyopathy (HOCM) persists with evidence of progression. While the wall dimensions are irregular with a significant focal septal thickening, the LA is significantly dilated compared to the prior study. Close monitoring for any development of respiratory signs is recommended as Lasix may become necessary. No additional issues are identified.

Given these findings, recommend continue Atenolol in addition to Plavix therapy as below. Prognosis is guarded long term with high risk for CHF, blood clot event, malignant arrhythmias and/or sudden death in the future.

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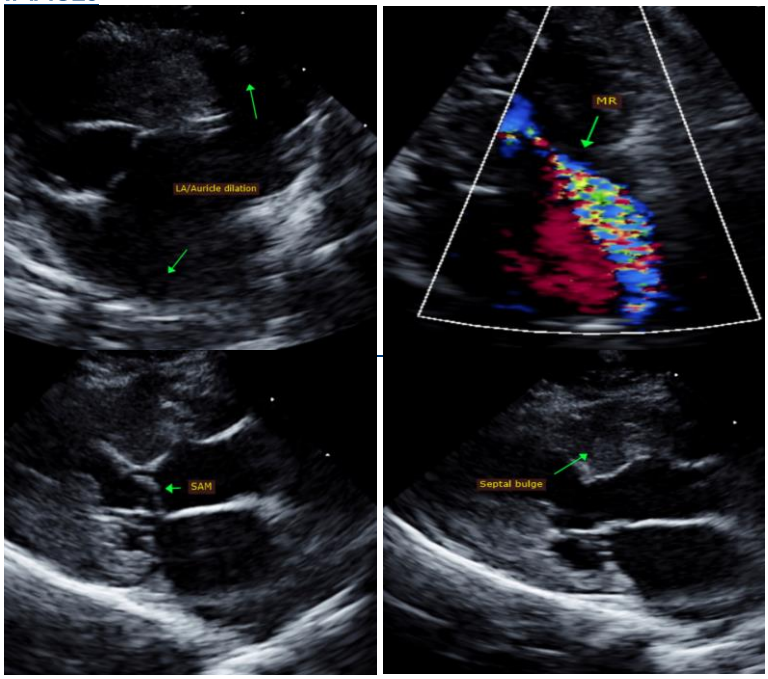
RECOMMENDATIONS

- Continue Atenolol as prescribed, ensuring heart rate maintains between 140-160bpm.
- Consider addition of anti-coagulant Plavix/Clopidogrel 75mg tabs (if easily medicated); Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).
- 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 continue to screen for progression, sooner if any 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)