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Clinical Sonography & Telecytology
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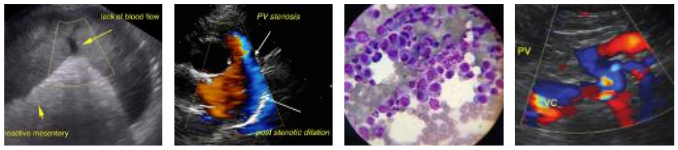


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Rufus Bolden

SPECIES
Feline

BREED
Ragdoll

SEX
Male Neutered

AGE
11 years

WEIGHT
13.3lbs

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

IMAGING PERFORMED BY
Sang K Han, DVM

HOSPITAL NAME
Oso Pet Care Center

REFERRING VET
Dr. Han

INVOICE
32229

DATE
8/8/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of pulmonic edema a month ago. Was prescribed furosemide 2mg/kg BID dose for a month; stopped 2 weeks ago.
-Current medications: Atenolol 10mg SID.
-Pertinent previous echo findings (11/2022 MML): Moderate LVH (0.73/0.70), no LAE, no LVOTO.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately increased in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is mild left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. 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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.0	130	0.72	1.2	0.75	51	85
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	1.5	1.46		0.7	0.54	NM

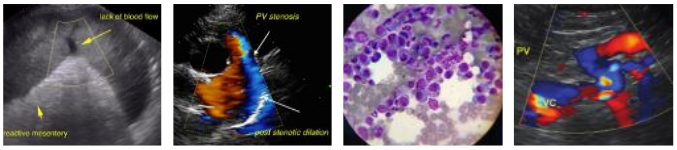
**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
Adapted from June Boon, Veterinary Echocardiography,1998
Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, the only difference is mild progressive left atrial enlargement is now noted. The LV wall thickness is unchanged and the remainder of the study unremarkable.

Given these findings, continue Atenolol going forward. The resting heart rate appears relatively slow and a target of 140-160bpm in hospital is recommended. Consider a dose titration as necessary. Mild left atrial enlargement suggests the risk for complication is low, making **historical pulmonary edema highly unlikely as the explanation for the CXR appearance.** That being said, an atypical CHF or some inciting cause, such as fluid therapy or steroid use may have been present. **Highly recommend a Radiologist review of serial films** to determine if lifelong Lasix is warranted.

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).



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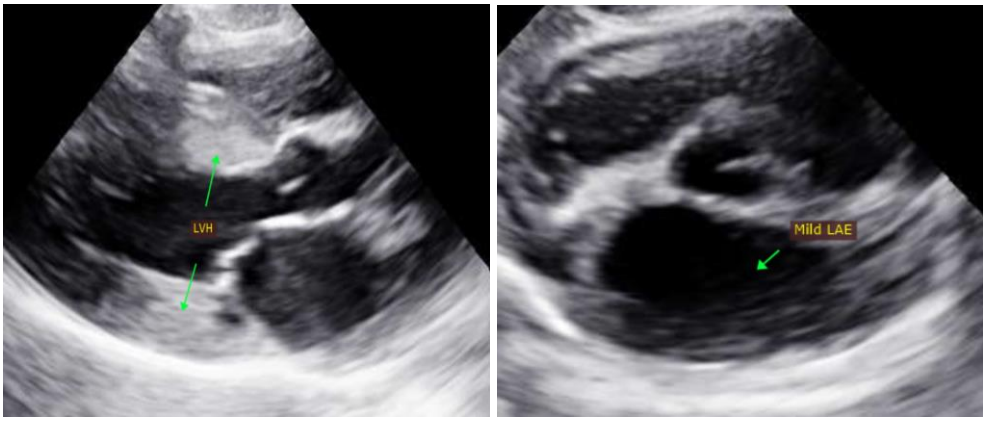
Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

PLAN

A screening blood pressure and T4 are recommended every 6 months lifelong. Consider a dose titration of Atenolol due to bradycardia.

A recheck echocardiogram is recommended in 6 months to assess 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