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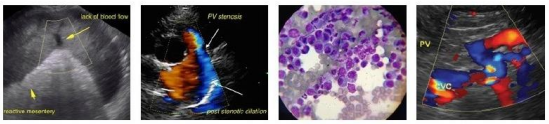

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT
Sacha Appell

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
7 years

WEIGHT
13.2lbs; 6kgs

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

IMAGING PERFORMED BY
Loetitia St-Jacques, LVT/RVT

HOSPITAL NAME
VCA Baring Blvd Veterinary

REFERRING VET
Dr. Smith

INVOICE
32241

DATE
8/8/23

PRESENTING CLINICAL SIGNS
History: Grade 2-3/6 heart murmur. BP: 123mmHg.

ECHOCARDIOGRAM FINDINGS
2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is severely hypertrophied with regions of thinning. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy with mild remodeling. The right ventricle is normal. There is severe left atrial enlargement present. No obvious smoke is seen. No right atrial enlargement present. Normal RVOT velocity. Abnormal anterior motion of the mitral valve is present, causing an elevated LVOTO velocity and mild secondary MR. The anterior leaflet of the MV is mildly elongated. No TR. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated.

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	NM	0.88	1.58	083	62	90
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	2.0	2.1		3.2	0.9	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 diagnosis is hypertrophic obstructive cardiomyopathy. This implies LV hypertrophy is present with a dynamic LVOT obstruction and secondary MR. The mitral valve is mildly thickened, which may suggest some component of dysplasia. Regardless, there is severe left atrial dilation indicating risk for complication is elevated.

Given today's findings, recommend institute Atenolol at this time as below. Additionally, Plavix is recommended as there is high risk for a thromboembolic event. Finally, low-dose Lasix would be reasonable given exceedingly high risk for complication even without reported clinical signs.

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

Elective anesthesia is not advised.

Long term prognosis is guarded to poor given the severity of disease; however, rates of progression are highly variable. Many cats will remain asymptomatic until mid-life or beyond, while others develop CHF within a few years. Close monitoring for progression of LA dilation in the future will help determine long term prognosis.

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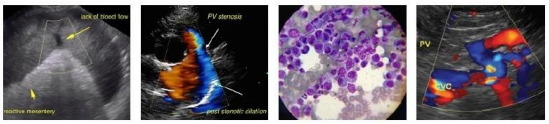

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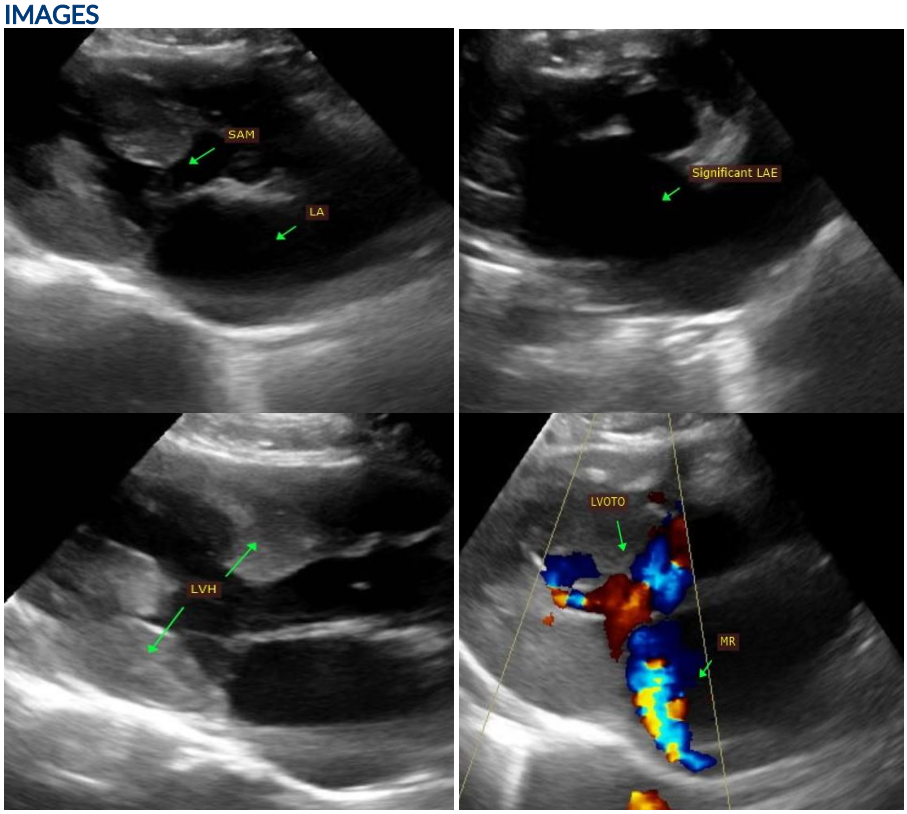
PLAN

Administer anti-coagulant Plavix/Clopidogrel 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety). Administer low-dose Lasix 1mg/kg PO q12h. Institute low dose Atenolol; give ¼ of a 25mg tablet by mouth once daily and assess response.

Screen BP and T4 are recommended every 6 months.

Recommend recheck echocardiogram in 6 months to assess for progression and response to therapy, 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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com