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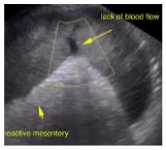
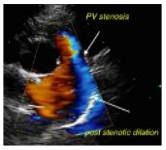
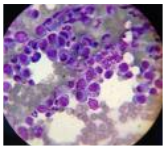
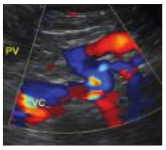
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT
Lucy Gornopulsky

SPECIES
Feline

BREED
DLH

SEX
Female Spayed

AGE
15 years

WEIGHT
10.2lbs

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

IMAGING PERFORMED BY
C. Zumpano, DVM

HOSPITAL NAME
Pikesville Animal Hospital

REFERRING VET
Dr. Zumpano

INVOICE
32266

DATE
8/9/23

PRESENTING CLINICAL SIGNS
History: Grade 4-5/6 heart murmur. Weight loss. Assess prior to anesthesia.
-Abnormal PE/Chem/CBC/UA Results: BUN 85, Creat 7.1, T4 7.8

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
Mild Cardiomegaly. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS *limited image set provided
2D, m-mode and doppler imaging is available. The left ventricular wall is irregular with minimal hypertrophy overall. There is a mildly hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. Mild papillary muscle hypertrophy. The left atrium is mildly dilated and bulbous in appearance. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No pericardial or pleural effusion. No obvious cardiac tumors identified.

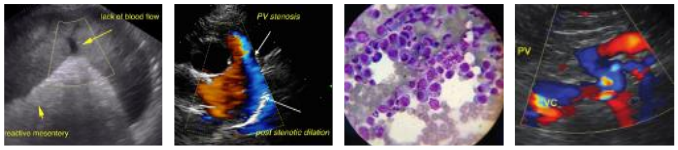
CARDIAC CHART

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	4.6		0.60	1.5	0.60	63	92
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	1.7	1.5	1.6		NM	NM	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 only abnormality identified are borderline LV hypertrophy, in addition to mild left atrial enlargement. This may be indicative of early hypertrophic disease, may simply represent a normal variant, or may reflect an unclassified cardiomyopathy. Regardless, what is seen here is mild with mild LA enlargement. There certainly may be risk for progression going forward in this senior cat. Serial echocardiography will be necessary to determine progression. Given these findings, no medications are indicated. No cause for the murmur is seen; however, it is important to note that aortic and pulmonic outflows are not assessed, and color flow is not applied. Valve regurgitation, intermittent outflow tract obstructions, etc. are not ruled out.

Prognosis is guarded prior to assessing for progression.



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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, and isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

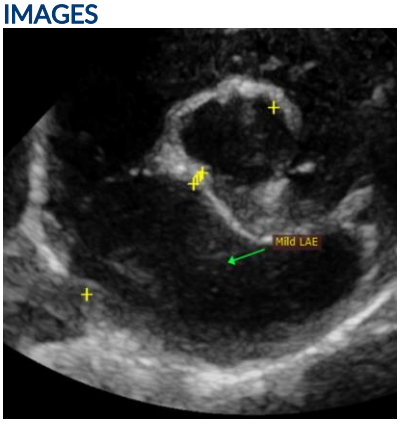
Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

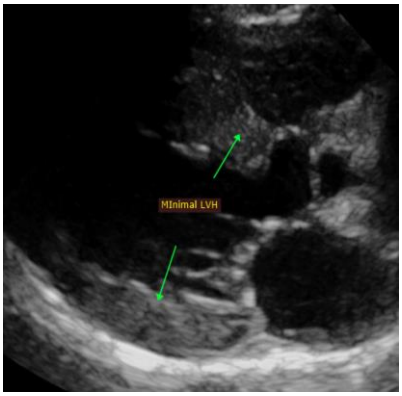
PLAN

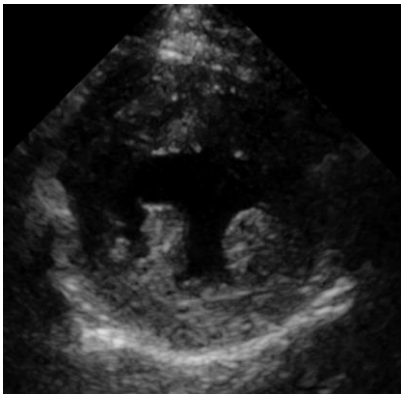
Monitor BP/T4 every 6 months.

A recheck echocardiogram is recommended in 6 months to screen for any evidence of 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.

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