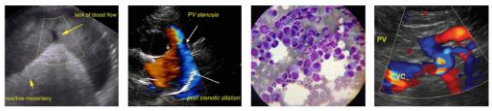
PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



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

PATIENT
Mr. Herc Saucier

SPECIES
Feline

BREED
DMH

SEX
Male Neutered

AGE
13 years

WEIGHT
10.5lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Anchor Animal Hospital

REFERRING VET
Dr. Mulready

INVOICE
26144

DATE
9/1/22

PRESENTING CLINICAL SIGNS

History: Presented for wellness exam, grade II/VI heart murmur and elevated ProBNP: (822). O reports P does "chuffing" sound frequently and has been historical. BP: 145-150mmHg

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are normal, albeit quite irregular. There is a mildly hyperechoic endocardium consistent with age-related fibrosis. The papillary muscles are mildly remodeled. The endocardium appears normal.
Left atrium: The left atrium is borderline dilated and bulbous in appearance. No obvious spontaneous contrast or thrombi seen.
Mitral valve: The mitral valve is normal in structure and mobility. Mild central MR. No obvious systolic anterior motion is seen.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace aortic insufficiency.
Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.
Right atrium: The right atrium appears normal.
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 or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 150bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.3
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.36
LVID diastole (cm)	1.48
PW thickness (cm)	0.46
LVID systole (cm)	0.8
FS (%)	44

Doppler Measurements

PV Vmax (m/s)	0.75
AoV Vmax (m/s)	0.95
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The only cause of a murmur identified is mild mitral regurgitation. MR in cats is typically due to either MV dysplasia (abnormal morphology from birth) or secondary to abnormal valve motion (SAM/HOCM), neither of which are seen in this study. Early valve disease is possible, similar to as seen in dogs, and serial monitoring is advised. Additionally, an unclassified form of disease (UCM) is possible, with the small mitral leaks developing secondarily. The finding of borderline left atrial dilation, which does confer some risk for progression in the future, particularly in light of an elevated BNP. A small aortic leak is noted; however, reported blood pressures are normal. No additional issues are identified.

Prognosis is guarded, due to the highly variable nature of subclinical feline cardiomyopathy.

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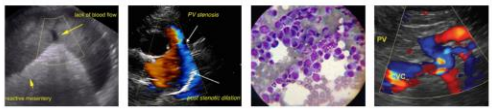

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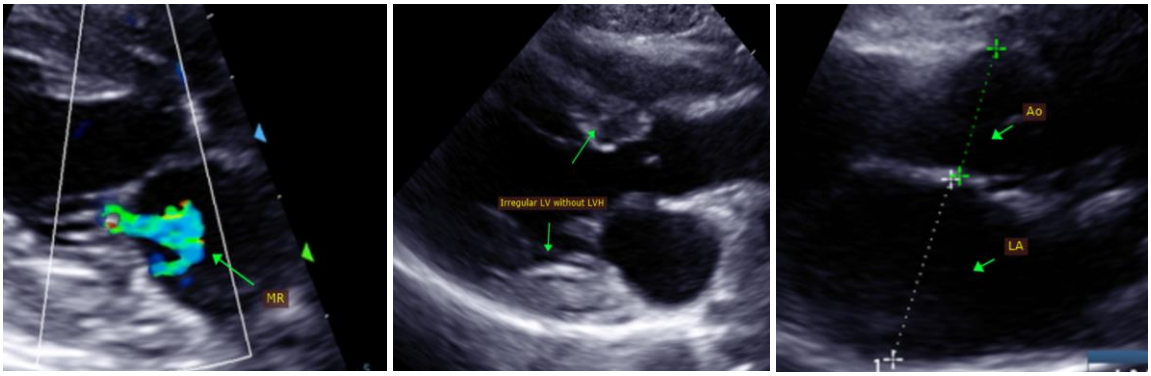
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- The risk for general anesthesia is low, however heart rate stimulating drugs such as atropine, glycopyrrolate should be avoided unless medically necessary. Even without significant pathology, there is a mildly elevated risk for fluid overload in this patient. Judicious IV fluid use is recommended.
- 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 reassess murmur origin and screen for progressive changes, sooner if clinical signs 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
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