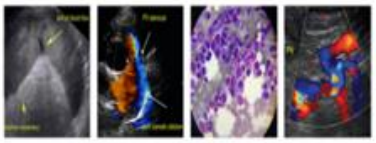
Mass Veterinary Services



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

PATIENT
Gatsby Lavorata

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
1.2 years

WEIGHT
9.94lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
26362

DATE
9/14/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History mitral valve dysplasia with mild LVOTO; mild LAE/RAE. Current presentation: Gatsby is presently doing well at home with no concerns. He does occasionally pant after playing. Good appetite and is playful. On exam: NSR, no murmur noted, PSS, lung fields clear, compressible thorax. BP: 150mmHg x 5. Current medications: Atenolol 6.25mg once daily.
-Pertinent previous echo findings (3/30/22 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 1.4 cm; LA:Ao 1.7; IVS 0.42 cm; PW 0.45 cm; mild LAE/RAE; elongated MV leaflets with SAM; mild LV endocardial fibrosis.

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 mild to moderately asymmetrically increased. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles appear hyperechoic and mildly hypertrophied. The endocardium appears mildly remodeled.
Left atrium: The left atrium and auricle are mildly dilated. No spontaneous contrast or thrombi seen.
Mitral valve: The anterior leaflet of the mitral valve is mildly elongated. Abnormal anterior motion is seen during systole; however, no LVOTO is appreciated. Trivial eccentric mitral regurgitation.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal LVOT outflow velocity. 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.
Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation.
Pulmonary 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.

2-Dimensional Measurements

Ao diam (cm)	0.8
LA diam (cm)	1.5
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.6
LVID diastole (cm)	1.3
PW thickness (cm)	0.7
LVID systole (cm)	0.4
FS (%)	70

Doppler Measurements

PV Vmax (m/s)	0.81
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Mitral valve dysplasia persists with evidence of progression. Previously normal LV dimensions are now mild to moderately hypertrophied. Additionally, the LA is slightly increased comparatively, yet remains within the mild category. The LVOTO has resolved, and no additional issues are identified.

Unfortunately, this does suggest that this patient may experience progressive disease in the future. Continue Atenolol as previously recommended, as the heart rate appears

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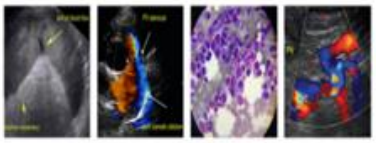

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reasonable. No obvious indication for additional medications at this time; however, any further atrial enlargement will certainly warrant Plavix and an ACE-I therapy.

The prognosis is guarded long-term, yet highly variable in subclinical cats.

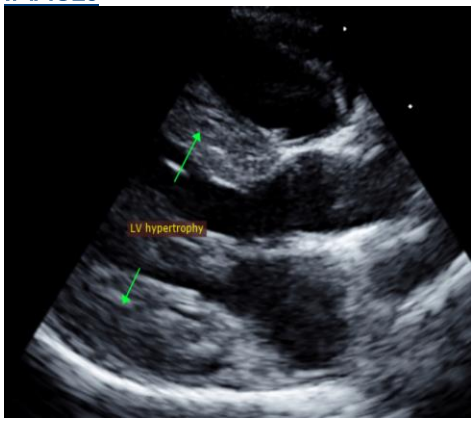
RECOMMENDATIONS

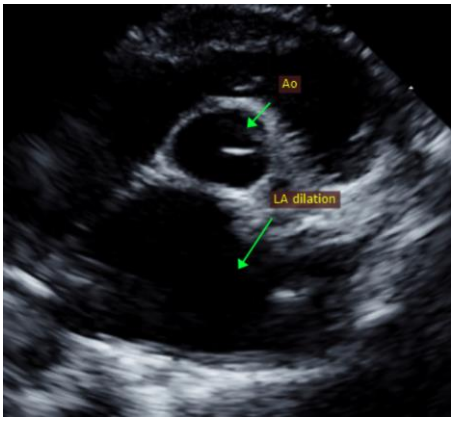
- Continue Atenolol as prescribed.
- Anesthetic risk is considered mildly elevated, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.
- 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 assess for progression/regression, 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
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)