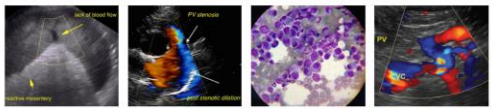
PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



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

PATIENT
Telly McMahon

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
16.5 years

WEIGHT
7.6lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Parkway Veterinary Hospital

REFERRING VET
Dr. Diese

INVOICE
26418

DATE
9/16/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History dynamic left and right ventricular outflow tract obstructions, with equivocal LVH and normal LA size. History progressive CKD. Weight loss. On exam grade II/VI systolic murmur. BP: 165-175mmHg. Current meds: Cerenia 24mg, 1/4mg SID. Mirtazapine transdermal 1.5" to pinna SID. Marbofloxacin 25mg 1/2 SID. RC Renal Support D cans.
-Pertinent previous echo findings (1/26/22 Rebecca Malakoff, DVM, DACVIM- Cardiology) : LA 1.24 cm, LA: Ao 1.26, IVS 0.55 cm, PW 0.58 cm

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 irregular with regions of borderline hypertrophy. There is a diffusely hyperechoic endocardium consistent with fibrosis. False tendon. The papillary muscles are mildly hypertrophied. The endocardium appears mildly remodeled.
Left atrium: The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.
Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic 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 in dimension.
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. Elevated RVOT velocity with a dynamic profile.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 180bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.0
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.54
LVID diastole (cm)	1.2
PW thickness (cm)	0.51
LVID systole (cm)	0.4
FS (%)	63

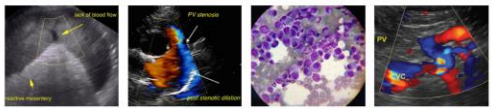
Doppler Measurements

PV Vmax (m/s)	2.0
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Findings are similar to the prior study. The overall cardiac structure and function is essentially normal with borderline LV thickening. Additionally, a RVOT obstruction persists, which is a physiologic finding (secondary to tachycardia, volume changes, etc.). An LVOTO is not appreciated, and no obvious progression is seen. The LA is normal, indicating low risk for complications at this time.

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
Telly McMahon

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
16.5 years

WEIGHT
7.6lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Parkway Veterinary Hospital

REFERRING VET
Dr. Diese

INVOICE
26418

DATE
9/16/22

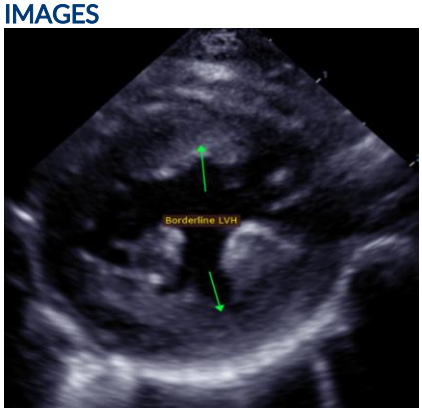
RECOMMENDATIONS

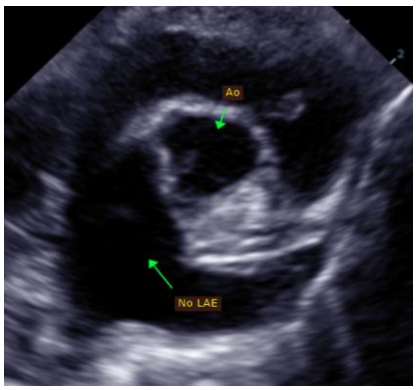
- Given these findings, no medications are indicated.
- Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, 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 clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- Screening BP/T4 q 6mo.
- Recommend recheck echocardiogram in 6-12 months to reassess murmur origin and screen for progressive LVH.

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