



PATIENT

June Sholds

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

16 years

WEIGHT

8.14lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

VCA Hanson Animal
Hospital

REFERRING VET

Dr. Whalen

INVOICE

26443

DATE

9/19/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM. Currently, difficult to control DM (BG 417) - on PZI 2 units AM, 1 PM. Having bi-cavity ultrasound exams.

-Pertinent previous echo findings (2/10/21 Josh Gidlewski, DVM, DACVIM-Cardiology): LA 1.4 cm; LA:Ao 1.4; IVS 0.54 cm; PW 0.71 cm; normal LA size; mild LVH with irregular endocardium; SAM of MV; mild MR; LVOT Vmax 3.24 m/s; 42mmHg.

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 increased. False tendon. The papillary muscles are remodeled. The endocardium appears mildly remodeled and fibrotic.

Left atrium: The left atrium is moderate to severely dilated with a horizontal component. The auricle appears dilated as well. No smoke or thrombi seen.

Mitral valve: The anterior leaflet of the mitral valve is mildly elongated, however normal thickness. Systolic anterior motion is seen on 2D imaging. Moderate eccentric MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mildly increased aortic outflow velocity with a dynamic profile. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Normal right atrium.

Tricuspid valve: The tricuspid valve appears normal with no 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.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 190bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.8
LA:Ao (Swe)	2.1
IVS thickness (cm)	0.66
LVID diastole (cm)	1.3
PW thickness (cm)	0.67
LVID systole (cm)	0.6
FS (%)	59

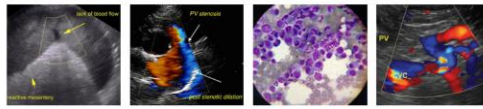
Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	2.5
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Hypertrophic obstructive cardiomyopathy (HOCM) persists with evidence of progression. While the LV thickening remains mild to moderate and the dynamic LVOT obstruction mild, there is moderate to severe progressive left atrial dilation. This indicates the risk for spontaneous CHF and/or a thrombotic event is currently high. No additional issues are identified.

Given these findings, low dose Atenolol is recommended in this case to hopefully decrease the outflow obstruction by blocking elevated heart rates. Plavix is also certainly recommended given atrial dilation; however, it can be difficult to administer. Discussion with the owner is advised. No additional cardiac medications are indicated at this time.



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Prognosis is guarded with this degree of LA enlargement, indicating risk for complication going forward.

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RECOMMENDATIONS

- Administer titrating dose of atenolol: 25mg tablets; Give ¼ tab once daily.
- Consider addition of 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).
- Screening BP/T4 every 6 months.
- Anesthetic risk is considered elevated, with high risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

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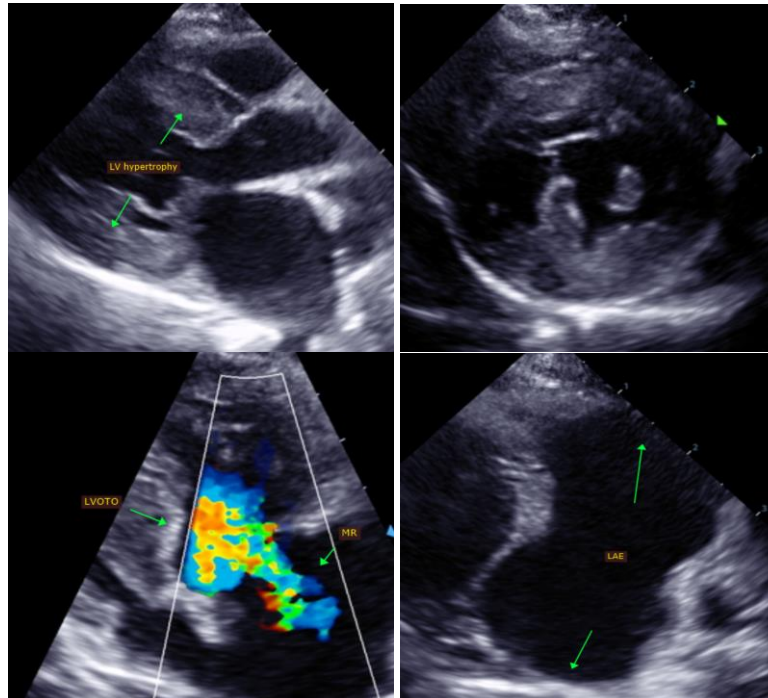
- Recommend recheck echocardiogram in 6 months to assess rate of progression, sooner if any issues arise in the interim.

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IMAGES

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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.

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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



PATIENT findings or if I can be of any further assistance, please contact me.

Patient Name: June Sholds
Referring Vet: Maggie Machen Lamy, DVM
Vet Title: Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
Contact: info@sonopath.com

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