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Pet Animal Ultrasound Service
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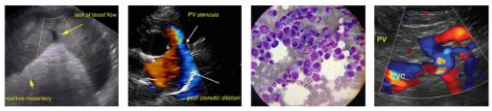

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Sophie Brown-Couture

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

15 years

WEIGHT

11.84lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor Animal Hospital

REFERRING VET

Dr. Lavin

INVOICE

20876

DATE

9/2/21

PRESENTING CLINICAL SIGNS

History: Elevated ProBNP, no clinical signs. No murmur. BP: 180-190mmHg

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 20mm/mV. The average heart rate is 160pm with a largely regular rhythm (range 150-180bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. A single ventricular premature beat is identified. No supraventricular ectopic beats, pauses or other dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm with a single VPC.

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 largely normal. There is mild endocardial fibrosis. The papillary muscles appear normal.
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; laminar flow. 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. Normal RVOT velocity; laminar flow.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.2
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.42
LVID diastole (cm)	1.4
PW thickness (cm)	0.41
LVID systole (cm)	0.64
FS (%)	54

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	0.94
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

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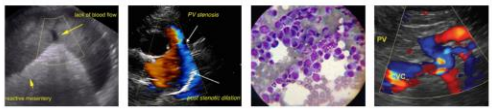

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INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. There is mild remodeling and fibrosis of the left ventricular wall, which is considered normal in a 15yo cat.

An elevated BNP may be secondary to early fibrosis or may be a false positive (a known weakness of the test). Consider testing for other causes of elevation including hypertension or renal disease. Monitoring is advised. Prognosis is open at this time.

The reported blood pressure is elevated, and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc), as primary disease is relatively uncommon and a rule out diagnosis.

A single VPC is noted on the ECG. VPCs can certainly be cardiac in origin with significant structural disease; however, that is not clearly identified here. Extra-cardiac causes should be considered, including systemic disease, neoplasia, stress, etc. With only a single ectopic beat noted in an asymptomatic cat, consider further systemic evaluation as opposed to simple monitoring. No treatment is indicated. Close monitoring for any associated clinical signs including collapse or significant lethargy is advised with immediate re-evaluation in these instances.

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).
- Monitor for any signs of sustained arrhythmias including collapse or significant lethargy.
- Reassess BP as discussed.

PLAN

- Recommend recheck echocardiogram in 1 year to ensure no progressive issues are seen, sooner if a murmur or gallop is noted in the interim.

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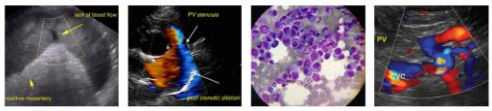

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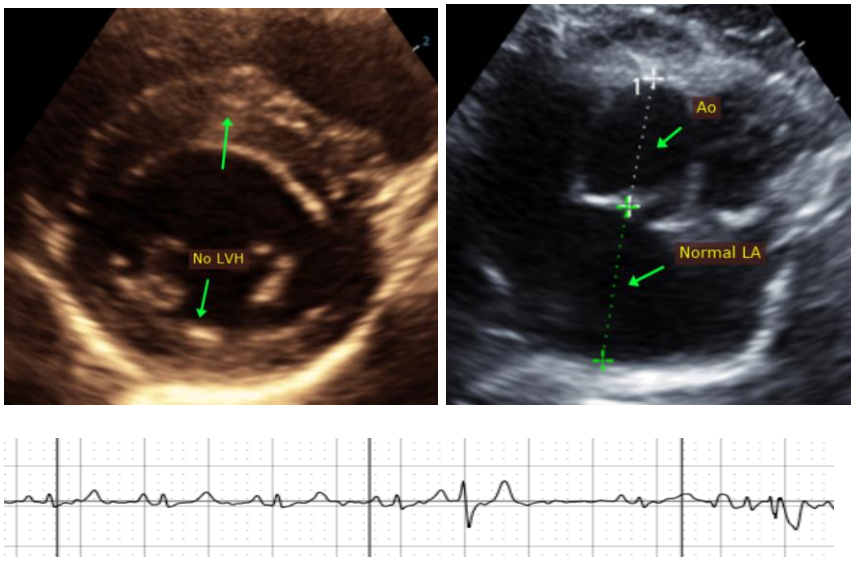
IMAGES



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)
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