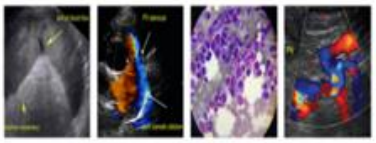
Mass Veterinary Services



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

PATIENT
Lukie Thornton

SPECIES
Feline

BREED
Ocicat

SEX
Male Neutered

AGE
2.11 years

WEIGHT
13lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
26456

DATE
9/20/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History mitral valve dysplasia, severe LAE, history CHF. Currently, Lukie is presently doing well with some occasional sneezing. Was coughing, but that has improved Owner notes occasional increased resting respiratory rates. Eating well with normal activity level. On exam: NSR, grade IV/VI parasternal murmur, PSS, lung fields clear, compressible thorax. BP: 110mmHg x 5. Current medications: 1) Benazepril 2.5mg/clopidogrel 18.75mg/spironolactone 6.25/ml 1 ml daily 2) Torsemide 10mg/ml 0.5mls daily 3) Atenolol 25mg 1/4 tab daily *No sedation for study.
-Pertinent previous echo findings (4/19/22 MML): LA 1.7 cm; LA:Ao 1.9; IVS 0.51 cm; PW 1.1 cm; moderate-severe LAE; highly asymmetric LV hypertrophy; LVOT Vmax 5.6 m/s

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 highly asymmetric with thinning of the IVS contrasting a significantly hypertrophied free wall. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied and hyperechoic. The endocardium appears remodeled.
Left atrium: The left atrium is markedly enlarged. Significant smoke seen within the left auricle.
Mitral valve: The anterior leaflet of the mitral valve is thickened and elongated, consistent with dysplasia. The tip of the mitral valve is visible in the LVOT during systole. Mild eccentric mitral regurgitation is noted.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Aortic outflow velocities are severely elevated on Doppler. 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.
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 188bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	2.4
LA:Ao (Swe)	2.4
IVS thickness (cm)	0.49
LVID diastole (cm)	1.86
PW thickness (cm)	0.72
LVID systole (cm)	0.76
FS (%)	43

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	4.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Mitral valve dysplasia persists with continued progression. The LA is now markedly dilated with significant smoke. Additionally, the LV morphology is progressively irregular with a region of thinning along the septum. The systolic function remains intact, and no effusions are identified.

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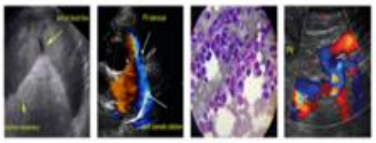

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Even with progression seen here, there is no obvious need for additional medications in an asymptomatic cat. The patient is on aggressive cardiac support, which must be continued going forward. Careful monitoring of renal values is recommended, given the use of a potent diuretic. Finally, the outflow obstruction is slightly improved on Atenolol and the dose should remain the same.

Prognosis is poor going forward with high risk for decompensation and/or sudden death in the future. That being said, it is encouraging that the patient continues to do well.

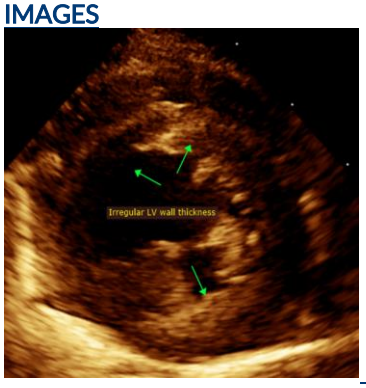
RECOMMENDATIONS

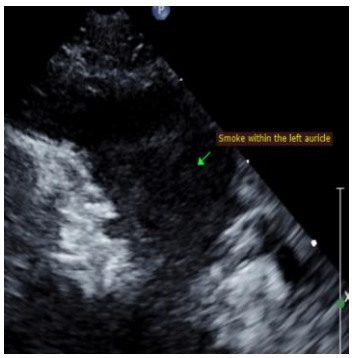
- Continue all medications as prescribed.
- Monitor renal values and BP every 3-4 months.
- Elective anesthesia is not advised.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

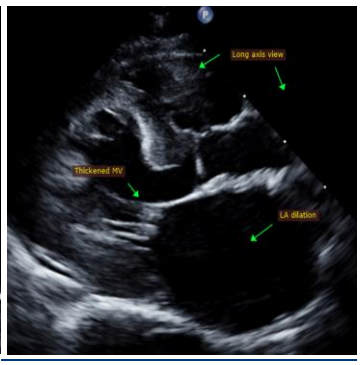
PLAN

- Recommend recheck echocardiogram in 6 months to screen for progression, 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)