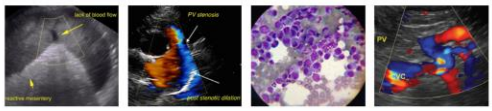
PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



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

PATIENT
Ren Cabral

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
18 years

WEIGHT
10lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Wignall Animal Hospital

REFERRING VET
Dr. Detelich

INVOICE
21190

DATE
9/23/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History mild HOCM. Currently, Ren is doing well at home. Eating a kidney/senior diet. No respiratory issues; no labored breathing. He does cough regularly. BP: 140-145 mmHg. Current medications: Atenolol 12.5mg BID. *Sedated with butorphanol.
- Pertinent previous echo findings (1/28/21 MML): LA 1.17 cm; LA:Ao 1.28; IVS 0.59 cm; PW 0.57 cm; LVOT 2.5 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 borderline in dimension. False tendon. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles appear mildly hypertrophied. The endocardium appears mildly remodeled.
Left atrium: The left atrium is high 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. No mitral regurgitation.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Borderline aortic outflow velocity; dynamic profile. 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.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 200bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.3
LA:Ao (Swe)	1.39
IVS thickness (cm)	0.55
LVID diastole (cm)	1.3
PW thickness (cm)	0.57
LVID systole (cm)	0.54
FS (%)	57

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Persistently stable mild HOCM persists. The LV wall thickness is unchanged, and the LA remains normal. The outflow tract obstruction is minimal, and no additional issues are identified.

It is worth mentioning that the patient's HR is quite high given the reported dosage of atenolol being given. If being utilized consistently, recommend reassess the stressed heart rate in the future.

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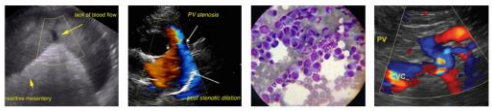

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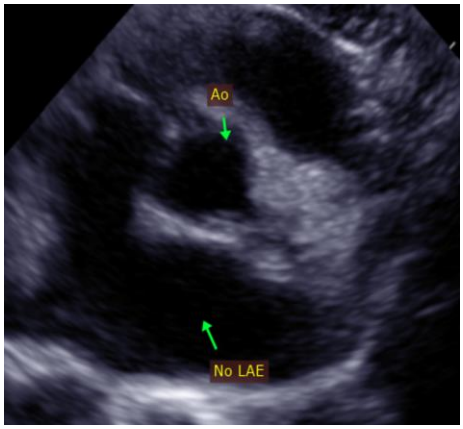
RECOMMENDATIONS

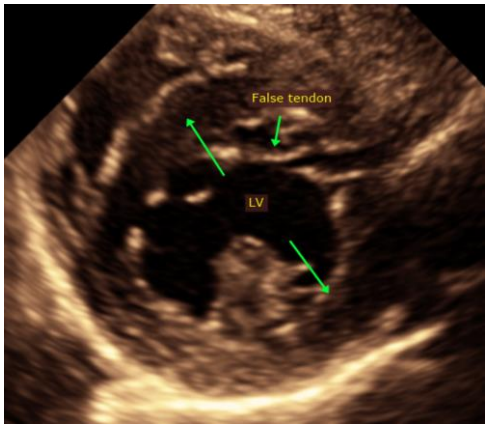
- Given these findings, no additional medications are indicated. Continue Atenolol as prescribed.
- Risk for general anesthesia remains low, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary.
- 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 6-12 months to continue to screen for progression.

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
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