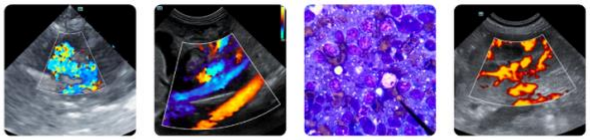

PATIENT

Jasper Lee

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years

WEIGHT

20.9 Pounds

INTERPRETED BY

James Wood, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Tiffany Brady, DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Arianna Evans, DVM

INVOICE

37230

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PRESENTING CLINICAL SIGNS

History: Almost 5y MN DSH presented for wellness exam on 4/28 and a grade 3/6 bilateral murmur was heard. No clinical signs at home - normal respiratory rate, no exercise intolerance, E/D normal, weight gain, etc.

Abnormal PE/Chem/CBC/UA Results: Summary of current diagnostics performed: - Radiographs 4/28 - cardiomegaly VHS 8.9 with widening of cardiac silhouette. - Possible splenomegaly (more prominent on lateral projection than normal) - CBC/Chem/T4 WNL 5/01 - ProBNP 5/01 -- elevated 173 (ri < 100) - Blood pressure 5/01 -- 190 mmHg (at end of exam, though Jasper was fairly relaxed).

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

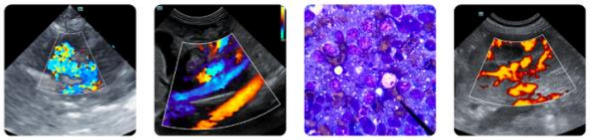
FELINE CARDIAC PARAMETERS	**BODY WEIGHT** (kg)	**HR** (BPM)	**IVSd** (cm)	**LVIDd** (cm)	**LVWd** (cm)	**FS** (%)	**EF** (%)
NORMAL PARAMETER	------	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	9.5	167	0.77	1.47	0.62	55.8	--
FELINE CARDIAC PARAMETERS	**LA/AO** (M-mode)	**LA/AO HEART BASE** (Sisson)	**LAD** LA MAX 4 Chamber		**LVOT VEL.** (m/s)	**RVOT VEL.** (m/s)	**IVRT** (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	--	1.1	1.2		--	0.69	NM
Adapted from June Boon, Veterinary Echocardiography,1998 Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705							

Radiographic Interpretation

The cardiac silhouette is mildly enlarged. The visible pulmonary vasculature is within normal limits. There's a diffuse interstitial pulmonary pattern that has a more bronchial appearance on the DV projection in the right sided lung fields. No evidence of cardiogenic pulmonary edema.

Cardiac Presentation

The mitral valve leaflets are mildly thickened with mild eccentric and posteriorly directed mitral valve insufficiency. There is no prolapse of the mitral valve leaflets. The left atrial size is normal. Left ventricular internal dimensions during diastole are within normal limits and the global left ventricular systolic function is normal. There is mild symmetric concentric hypertrophy. There is normal right atrial size. The tricuspid valve appears normal with no tricuspid valve insufficiency. The right ventricle subjectively appears normal in structure and function. The aortic and pulmonary valves have normal appearance and motion. The pulmonary outflow velocity is normal. The transaortic flow velocity was



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not measured. There is no evidence of clinically relevant pulmonary hypertension based on the lack of changes to the right heart and proximal pulmonary arteries. There is no evidence of pulmonary or aortic valve insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses. Soft tissue is present adjacent to the heart. This is suspected to be adipose tissue.

ULTRASONOGRAPHIC FINDINGS

- Hypertrophic cardiomyopathy phenotype- ACVIM stage B1

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram revealed thickening of the left ventricular walls. This is consistent with a hypertrophic cardiomyopathy phenotype, or HCM. In HCM, there is hypertrophy (thickening) of the muscle fibers that make up the walls of the heart. Many cases are a primary heart muscle disease (genetic in origin), however in some cases this can be a secondary process that may improve with treatment of the underlying condition (i.e. high blood pressure or hyperthyroidism among others). A blood pressure and total T4 are recommended in cats >6yr to rule these out as underlying causes (if not already performed). Regardless of the cause, the thickening causes diastolic dysfunction, and progressive left atrial enlargement. Eventually, cats with left atrial enlargement are at risk of developing congestive heart failure (pulmonary edema, pleural effusion, or both), blood clot formation and arrhythmias/sudden death. Some cats with mild HCM may live a normal lifespan with no further progression of disease. However, it is also possible that his HCM will progress over time and further therapy may be required for congestive heart failure, blood clots, or arrhythmias.

Fortunately, this patient does not have evidence of significant left atrial enlargement, so the risk of adverse cardiovascular outcomes is considered low at this time. No cardiac medications are recommended at this stage of the disease, but a recheck echocardiogram is recommended in 9-12 months to determine if there is any progression.

Monitoring

It is very important to catch any clinical signs concerning for emerging CHF as early as possible. The client should be closely monitoring and ideally tracking the sleeping respiratory rate. The sleeping RR should be between 10-30 breaths per minute or less (ideally in the teens or low 20s). **If the resting RR is trending upward**, consistently>35/min while resting/sleeping, the patient should be seen urgent for evaluation to determine if CHF is developing. If your pet is ever unable to use one or more of their limbs, seek emergency veterinary attention. *RECHECK ASAP for thoracic radiographs if there is increase in RR to detect early CHF and avoid ER presentation**

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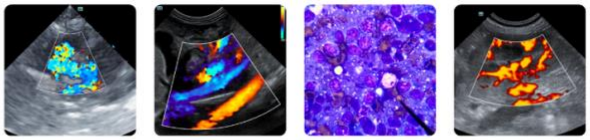

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SonoPath.com info@sonopath.com 1.800.838.4268

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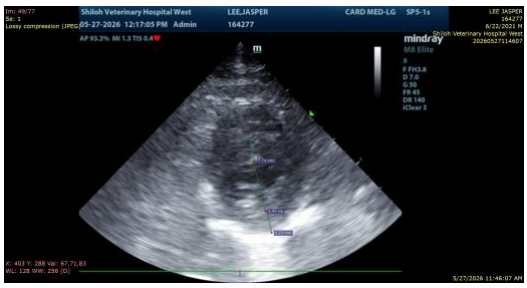

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

James Wood, DVM, DACVIM (Cardiology)

info@SonoPath.com