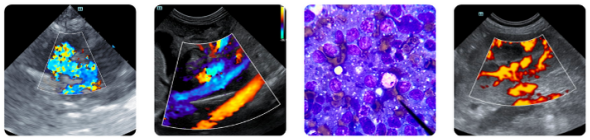


PATIENT

Pippin C2727 Animals in Distress

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

14y

WEIGHT

13.08 lbs

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Renee Ziegler Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Renee Ziegler Post

INVOICE

13195

DATE

2/11/26

PRESENTING CLINICAL SIGNS

History:

- Pippin was scheduled for a recheck echo and dental procedure. I was concerned about the LVOT and LA measurements, elected to not do dental at this time. Would like opinion on if safe to have dental procedure.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

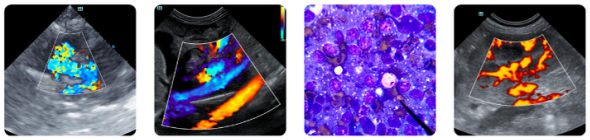
FELINE CARDIAC PARAMETERS	**BODY WEIGHT** (kg)	**HR** (BPM)	**IVSd** (cm)	**LVIDd** (cm)	**LVWd** (cm)	**FS** (%)	**EF** (%)
NORMAL PARAMETER	------	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	--	NM	0.71	1.45	0.6	32	56
FELINE CARDIAC PARAMETERS	**LA/AO** (M-mode)	**LA/AO HEART BASE** (Sisson)	**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	--	2.0	1.72		NM	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							

Cardiac Presentation

The echocardiogram in this patient demonstrated mild to moderate increased **left atrial** size with no evidence of "smoke" or thrombi. The cranial and caudal **mitral** valve leaflets appeared mildly thickened with some insufficiency noted on Doppler. No overt significant MR noted on doppler or visible evidence of SAM. The **left ventricle** presented previously noted excessive free wall and septal thickness compared to normal for the species. Concurrent prominent papillary muscle. The **myocardium** presented essentially normal echogenicity without immediate signs of fibrotic or ischemic disease. **Contractility** of the ventricular walls was borderline subnormal as evidenced by the fracture shortening measurement. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated linear morphology. The **right ventricle** was of normal size with normal chordae structure, myocardial echogenicity and thickness. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The **mediastinum** was free of masses in the visible window. Subjective bradycardia noted.

ULTRASONOGRAPHIC FINDINGS

- Hypertrophic cardiomyopathy with borderline subnormal LV function and subjective bradycardia



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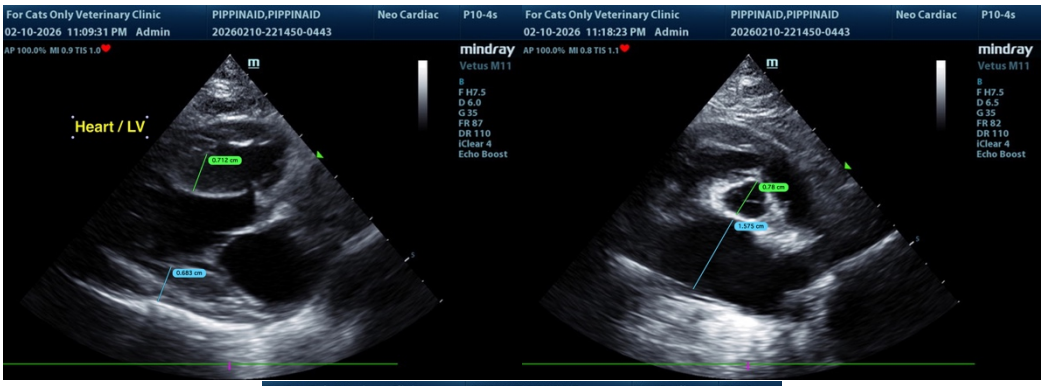
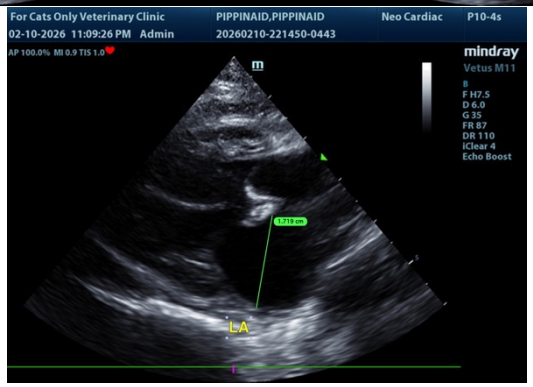
- Mild/moderate LA enlargement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjective mild progressive LV wall dimension and degree of LA enlargement compared to the previous study, although some degree of measurement variability possible. The amount of moderate increased LA dimension indicates the current and future risk of complication, i.e. CHF or thrombotic event is moderately elevated yet at this stage the heart appears to be compensated. Serial monitoring of T4 level and systemic BP to assess for or rule out complicating factors is recommended. Concurrent monitoring of resting respiration rate going forward is advised.

Previously mentioned ACE inhibitor 0.5 mg/kg BID and Plavix 18.75 mg/kg PO SID warranted if patient is easily medicated. No obvious indicated for additional medications at this stage. Sonographic monitoring required for further assessment and prognosis. Recheck echo recommended in 6 months, sooner if clinical signs arise. ECG recommended for further assessment of the subjective bradycardia. Pending additional workup, anesthetic risk considered at least moderate. If elected, the following protocol is suggested with close clinical monitoring, judicious IV fluid use and limited anesthetic time. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.





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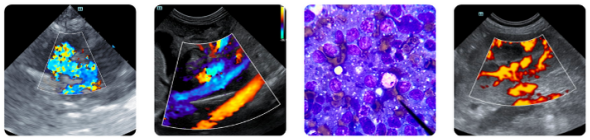

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@sonopath.com