



PATIENT

Destiny Taverna

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

13 years

WEIGHT

11.66lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

28242

DATE

1/11/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM with stable findings on previous echo (3/31/22 MML). Presently, doing very well at home with normal energy. She does occasional vomit after eating. Is being fed K/D since another cat in the home needs it; also, Fancy Feast wet food. On exam, grade II/VI systolic murmur; normal lung sounds. BP: 110mmHg x 3. Current medications: 1) Atenolol 25mg 1/4 tab daily 2) Plavix/clopidogrel transdermal 18.75mg daily *No sedation -Pertinent previous echo findings: LA 1.6 cm; LA:Ao 1.6; IVS 0.49 cm; PW 0.54 cm; moderate LAE; wall thickness were normal due to progressive decrease from prior studies; endocardial remodeling and fibrosis. LOVT Vmax 1.0 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 asymmetric with mild posterior wall hypertrophy. There is a diffusely hyperechoic endocardium consistent with fibrosis. False tendon. The papillary muscles are remodeled and hyperechoic. The endocardium appears remodeled.

Left atrium: The left atrium is mild to moderately dilated with a horizontal component. No smoke or thrombi seen.

Mitral valve: The anterior leaflet of the mitral valve appears largely normal. Systolic anterior motion is seen on 2D imaging. Mild eccentric MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. 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.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 150bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.5
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.44
LVID diastole (cm)	1.2
PW thickness (cm)	0.69
LVID systole (cm)	0.75
FS (%)	52

Doppler Measurements

PV Vmax (m/s)	0.54
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NM
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Persistently stable disease. Mild free wall thickening is noted which was not documented previously; however, the remainder of the structure and function are normal. The LVOTO appears well controlled, and no additional issues are identified.

Given these findings, continue medications as prescribed. Close monitoring for development of any clinical signs is recommended going forward.



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Prognosis is guarded long term.

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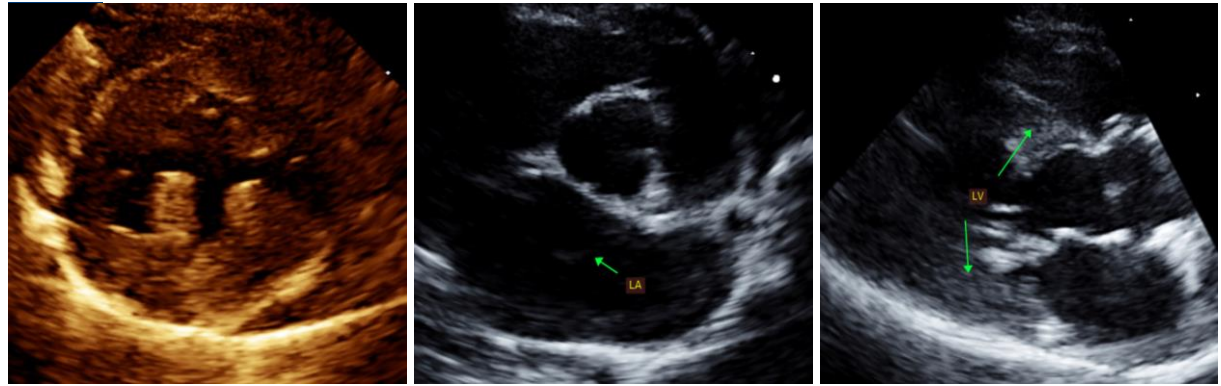
RECOMMENDATIONS

- Continue Plavix and Atenolol as prescribed.
- Screening BP/T4 every 6 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 assess rate of progression, sooner if any issues 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.

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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)