



PATIENT

Tigger Pagluica

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

16 years

WEIGHT

11.63lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

28239

DATE

1/11/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM. VPCs and SVT, historical. History hyperthyroidism. Presently, Tigger is doing well at home with no clinical issues. Continues to have a good appetite and energy level. On exam: NSR, grade III/VI parasternal murmur, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2. BP: 160 mmHg x 4. Current medications: 1) Atenolol 25mg 1/4 tab daily 2) Methimazole/tapazole 5mg 1/2 tab daily 3) Plavix/clopidogrel 75mg 1/4 tab daily *No sedation for study.
-Pertinent previous echo findings (7/6/22 MML): LA 1.6 cm; LA:Ao 1.6; IVS 0.73 cm; PW 0.79 cm; mild-moderate LAE; moderate LVH with severely hypertrophied papillary muscles; mild MR, LVOT Vmax 2.6 m/s.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV chamber is normal with adequate myocardial function. The LV wall thicknesses are moderately increased. There is a diffusely hyperechoic endocardium consistent with fibrosis. False tendon. The papillary muscles are severely hypertrophied and hyperechoic. The endocardium appears mildly remodeled.
Left atrium: The left atrium is mild to moderately dilated. No smoke or thrombi seen.
Mitral valve: The anterior leaflet of the mitral valve appears normal. Systolic anterior motion is seen on 2D imaging. Mild eccentric MR.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mildly increased aortic outflow velocity with a dynamic profile. Trace 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 200bpm.

2-Dimensional Measurements

| | |
|--------------------|------|
| Ao diam (cm) | 0.9 |
| LA diam (cm) | 1.6 |
| LA:Ao (Swe) | 1.6 |
| IVS thickness (cm) | 0.73 |
| LVID diastole (cm) | 1.3 |
| PW thickness (cm) | 0.80 |
| LVID systole (cm) | 0.7 |
| FS (%) | 46 |

Doppler Measurements

| | |
|----------------|-----|
| PV Vmax (m/s) | 1.3 |
| AoV Vmax (m/s) | 2.3 |
| MR Vmax (m/s) | NA |
| TR Vmax (m/s) | NA |
| TR PG (mmHg) | NA |

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are similar. The LV hypertrophy is unchanged and the LVOTO remains mild. The LA dimension is unchanged comparatively and no additional issues are identified.

Given these findings, continue all medications as prescribed. The heart rate remains mildly elevated; however, given a lack of progressive changes and a asymptomatic patient, no change is needed at this time.



PATIENT
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Prognosis remains guarded given the severity of disease in this senior cat. Patient will always be risk for progression to CHF, development of blood clots and/or sudden death in the future.

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RECOMMENDATIONS

- Continue all medications as prescribed.
- Screening BP/T4 every 6 months.
- 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.).

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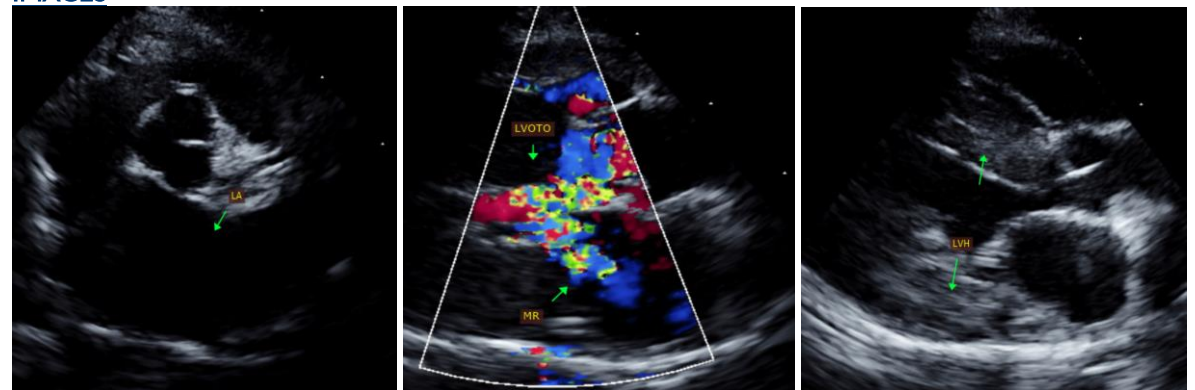
- Recommend recheck echocardiogram in 6 months to assess rate of progression, sooner if any issues arise in the interim.

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IMAGES

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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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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.

HOSPITAL NAME

Mass Veterinary Services

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REFERRING VET

Dr. Masloski

Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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