



PATIENT

Leroy Tonelli

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

10 years

WEIGHT

10.06lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

28384

DATE

1/17/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History mitral valve dysplasia with LVOTO and moderate MR. Presently, Leroy is doing well with good appetite and activity level. On exam: Grade III/VI systolic murmur. BP 90-100mmHg. Current medications: Atenolol 25 mg, 1/4 tab daily; Plavix/clopidogrel 75 mg, 1/4 tab daily. *Sedated with propofol for study.
-Pertinent previous echo findings (7/19/22 MML): LA 1.5 cm; LA:Ao 1.7 ; IVS 0.42 cm; PW 0.55 cm; moderate LAE; normal LV wall thicknesses, remodeled endocardium, LVOT Vmax 4.5 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 asymmetric, with borderline septal thickening and mild free wall hypertrophy. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The endocardium appears remodeled. The papillary muscles are hypertrophied; tertiary muscle visualized.
Left atrium: The left atrium is moderately increased in dimension. No smoke or thrombi visualized.
Mitral valve: Bi-leaflet thickening and elongation with abnormal closure. No obvious stenosis. The tip of the mitral valve is visible in the LVOT during systole. Moderate eccentric mitral regurgitation is noted secondary to SAM.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Aortic outflow velocities are moderate to severely elevated with a 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.
Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Mildly elevated RVOT velocity with a dynamic component.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 120bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.6
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.59
LVID diastole (cm)	1.2
PW thickness (cm)	0.67
LVID systole (cm)	0.7
FS (%)	42

Doppler Measurements

PV Vmax (m/s)	0.62
AoV Vmax (m/s)	5.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Largely stable mitral valve dysplasia leading to an obstructive LVOT flow pattern and moderate MR. The LV is mildly hypertrophied (previously normal); however, the LVOTO and LA evaluation is similar. No additional issues are identified.



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Continue atenolol and Plavix lifelong. Long term prognosis remains guarded. Many cats will remain asymptomatic until mid-life or beyond, while others develop CHF within the first years. Close monitoring for progression of LA dilation in the future will help determine long term prognosis.

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RECOMMENDATIONS

- Continue Plavix and Atenolol as prescribed.
- Anesthetic risk is considered moderately elevated and judicious IV fluid rates are advised to avoid fluid overload. Additionally drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen an outflow obstruction (if present). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.
- 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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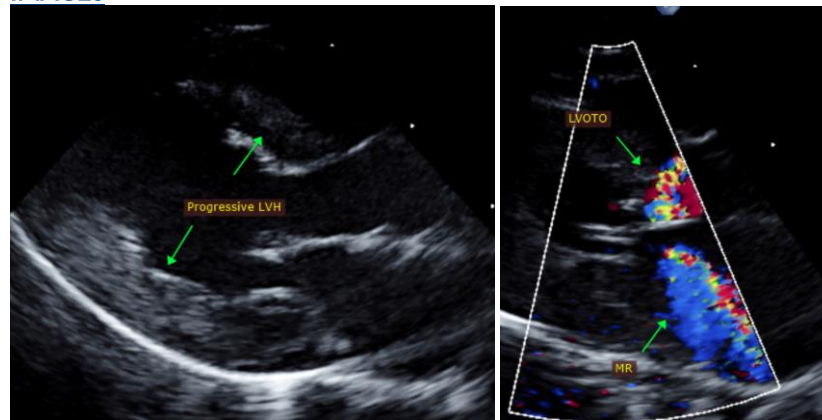
- Recommend recheck echocardiogram in six-eight months to assess for progression, sooner if clinical signs arise in the interim.

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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.

REFERRING VET

Dr. Masloski

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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1/17/23

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