



PATIENT
Apollo Robinson

PRESENTING CLINICAL SIGNS

History: Recheck echo. History normal cardiac structure and function on prior echocardiogram performed for a grade II/VI systolic murmur. Currently, has been coughing intermittently the last few weeks. Has asthma, on Fluticasone inhaler 1 puff BID.

SPECIES
Feline

-Pertinent previous echo measurements (8/12/21 MML): LA 1.3 cm, LA:Ao 1.38, IVS 0.50 cm, PW 0.50 cm, LV 1.38 cm.

BREED
DSH

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 normal. There is a mildly hyperechoic endocardium consistent with fibrosis.

SEX
Male Neutered

Left atrium: The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.

AGE
3 years

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. No aortic insufficiency.

WEIGHT
13.8lbs

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 trace tricuspid regurgitation.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity.

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 190bpm.

2-Dimensional Measurements

Doppler Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.3
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.48
LVID diastole (cm)	1.36
PW thickness (cm)	0.46
LVID systole (cm)	0.5
FS (%)	61

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NM
TR PG (mmHg)	NA

IMAGING PERFORMED BY
Eduardo Rodriguez
III, RCS

HOSPITAL NAME
Wignall Animal
Hospital

INTERPRETATION OF THE FINDINGS

Persistently normal cardiac structure and function. No pulmonary hypertension has developed and both atria are normal. Prognosis remains open going forward.

REFERRING VET
Dr. Detelich

These findings would certainly suggest the cough is noncardiac in origin.

INVOICE
28441

DATE
1/19/23



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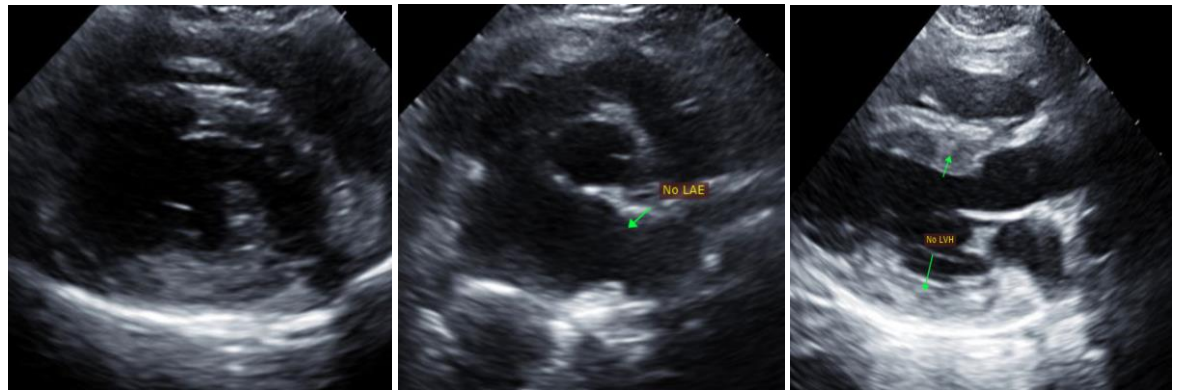
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised with monitoring of breathing rates at home while receiving iatrogenic fluids.
- 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 annually, sooner if any clinical signs arise.

IMAGES



INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

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.

IMAGING PERFORMED BY

Eduardo Rodriguez
 III, RCS

Maggie Machen Lamy, DVM
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HOSPITAL NAME

Wignall Animal
 Hospital

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

REFERRING VET

Dr. Detelich

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