



PATIENT

Dottie Campbell

PRESENTING CLINICAL SIGNS

History: Cough; no murmur. Radiographs: mild diffuse bronchial pulmonary pattern, borderline cardiomegaly. BP: 229, 230, 266mmHg. (Calm demeanor). *Sedated with Propofol for study.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

BREED

DSH

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are irregular with regions of thinning. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly remodeled and hyperechoic.

SEX

Female Spayed

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

AGE

2 years

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

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

WEIGHT

15.8lbs

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 no tricuspid regurgitation.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

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. A single VPC is identified.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.06
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.46
LVID diastole (cm)	1.3
PW thickness (cm)	0.42
LVID systole (cm)	0.8
FS (%)	34

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	0.71
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Pine Banks Animal
Hospital

INTERPRETATION OF THE FINDINGS

The primary abnormality identified is a highly remodeled LV with an irregular wall thickness. This may be a normal variant; however, in a 2-year-old cat there is concern for early cardiomyopathy, such as restrictive disease (RCM). The LA is normal indicating low risk for complication at this time. Serial echocardiography will be necessary to determine progression. No cause for the cough is seen here with a normal left atrial dimension.

REFERRING VET

Dr. Emara

INVOICE

28483

The brief screening ECG does show a single ventricular premature contraction (VPCs). If this is a persistent finding, further evaluation is recommended.

DATE

1/21/23



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 Dottie Campbell

SPECIES
 Feline

BREED
 DSH

SEX
 Female Spayed

AGE
 2 years

WEIGHT
 15.8lbs

INTERPRETED BY
 Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

IMAGING PERFORMED BY
 Pamela Harrigan,
 RDCS

HOSPITAL NAME
 Pine Banks Animal
 Hospital

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The reported blood pressure is elevated, and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

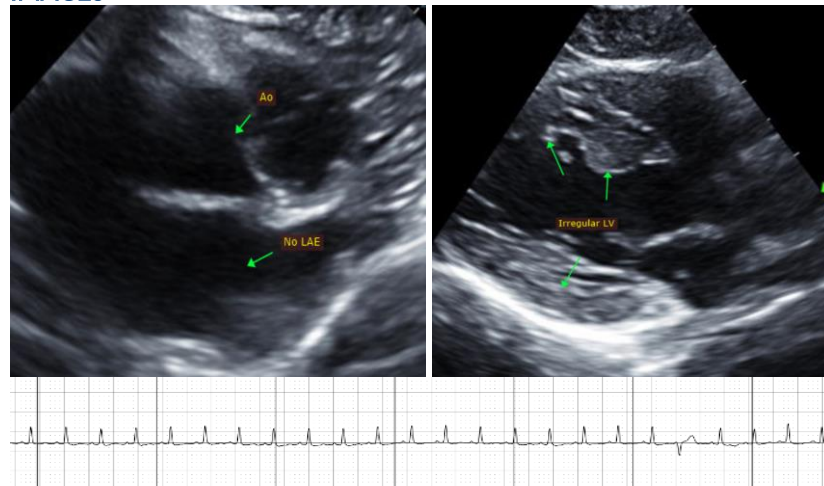
RECOMMENDATIONS

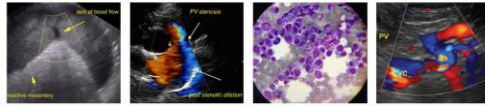
- Given these findings, no medications are indicated.
- Further cough treatment/evaluation is recommended.
- Reassess BP as discussed.
- Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. 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 signs of sustained arrhythmias including collapse or significant lethargy.
- Monitor for any change in breathing rate or effort, or signs of a blood clot event.

PLAN

- Recheck echocardiogram and ECG are recommended in 6 months to assess for any abnormalities not identified on this exam.

IMAGES





PATIENT
Dottie Campbell
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.

SPECIES
Feline
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.

BREED
DSH
Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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

AGE
2 years

WEIGHT
15.8lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan,
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