



PATIENT
Buddha Mulready

PRESENTING CLINICAL SIGNS

History: Occasional constipation episodes. No other clinical signs. Incidental increased ProBNP on wellness blood work: (124). Having bi-cavity exams. BP: 160, 169, 170mmHg. *Sedated with Gabapentin and Butorphanol.

SPECIES
Feline

ECHOCARDIOGRAM FINDINGS

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

BREED
DLH

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 mild fibrosis. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and hyperechoic.

SEX
Male Neutered

Left atrium: The left atrium is mildly increased in size and bulbous in appearance. No obvious spontaneous contrast or thrombi seen.

AGE
5.8 years

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

WEIGHT
13.3lbs

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Mild 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.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.6
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.38
LVID diastole (cm)	1.67
PW thickness (cm)	0.46
LVID systole (cm)	0.62
FS (%)	63

Doppler Measurements

PV Vmax (m/s)	0.91
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY
Pamela Harrigan,
RDMS

HOSPITAL NAME
Anchor Animal
Hospital

INTERPRETATION OF THE FINDINGS

The only true abnormality identified is mild left atrial enlargement. The LV is unremarkable without significant remodeling or hypertrophy. This may suggest an early unclassified form of disease, particularly in light of BNP elevation. A small aortic leak is noted; however, the BP is reasonable for a stressed cat in hospital. No additional issues are identified.

REFERRING VET
Dr. Mulready

INVOICE
28578

Prognosis is guarded prior to assessing for progression.

DATE
1/26/23



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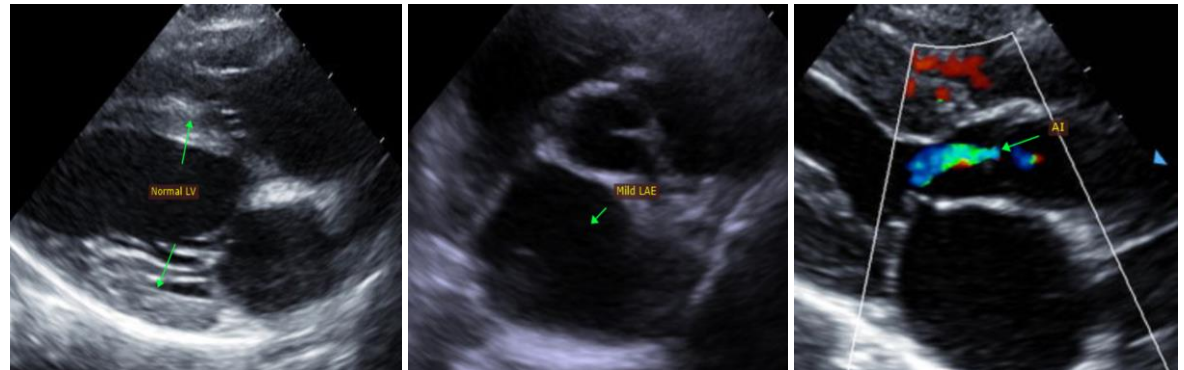
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- The risk for general anesthesia is low, however heart rate stimulating drugs such as atropine, glycopyrrolate, etc. should be avoided unless medically necessary. With mild LA dilation there may be an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended.
- 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 6-12 months to screen for progression.

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.

Maggie Machen Lamy, DVM
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 info@sonopath.com

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

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Pamela Harrigan,
 RDCS

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