



PATIENT

Tristan Konefal

SPECIES

Feline

BREED

DMH

SEX

Male Neutered

AGE

6 years

WEIGHT

13.13lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

28667

DATE

1/31/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History left ventricular, endocardial and papillary muscle remodeling, normal LA size, irregular LV. Presently, Tristan is doing well at home and continues to eat well and remain active. On exam: NSR, grade III/VI murmur noted on sternum, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2. BP: 110mmHg x 4.
-Pertinent previous echo findings (6/1/222 MML): LA 1.3 cm; LA:Ao 1.4; IVS 0.48 cm; PW 0.52 cm

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 moderate septal hypertrophy and a normal free wall.

There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled, The endocardium appears mildly remodeled.

Left atrium: The left atrium is mildly dilated. No smoke or thrombi seen.

Mitral valve: The anterior leaflet of the mitral valve appears largely normal. Systolic anterior motion is seen on 2D imaging. Mild eccentric MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Moderately increased aortic outflow velocity 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. 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 220bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.5
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.69
LVID diastole (cm)	1.7
PW thickness (cm)	0.53
LVID systole (cm)	0.7
FS (%)	59

Doppler Measurements

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	4.5
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is evidence of progression and development of disease. Previously minimal septal thickening is now mild to moderate, and this is likely causing a more significant LVOT obstruction consistent with HOCM. Secondary MR is also present. Additionally, the LA is now mildly dilated, which was previously normal. No additional issues are identified. If not recently assessed, a thyroid level should be considered.

Given progression seen here, Atenolol is now recommended in hopes of decreasing the obstruction going forward.



PATIENT

Prognosis is guarded due to the progression in findings.

Tristan Konefal

RECOMMENDATIONS

- Recommend administer titrating dose of atenolol: 25mg tablets; Give ¼ tab once daily. Recheck heart rate in 1-2 weeks with target stressed rate of 140-160bpm 12-24 hours post-administration. Increase as needed until target reached.
- Screening HR, BP/T4 every 6 months.
- Anesthetic risk is considered mildly elevated, 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).
- 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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PLAN

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

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

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

REFERRING VET

Dr. Masloski

Echocardiogram performed by:

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

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