



PATIENT

Mephitis Kaplan

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

10 years

WEIGHT

11.8lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

HOSPITAL NAME

Wignall Animal
 Hospital

REFERRING VET

Dr. Detelich

INVOICE

28151

DATE

1/6/23

PRESENTING CLINICAL SIGNS

History: Limited recheck echo. Full echocardiogram performed on 12/16/22 rechecking history of HOCM with well-controlled LVOT velocities (Carley Saelinger, DVM, DACVIM-Cardiology). Another previous study was done on 5/5/22 (Maggie Machen Lamy, DVM, DACVIM-Cardiology). On the December study, there were no significant changes in cardiac measurements. Of note, was the presence of scant/mild pericardial effusion, no pleural effusion (diagnosis of CHF made on that echo evaluation). Mephitis was already on Atenolol 25 mg, 1/4 tab BID. In addition to this, the patient was started on Furosemide 12.5 mg, 1/2 tab BID and Clopidogrel 75 mg, 1/4 tab once daily. This limited study is to evaluate the pericardial effusion to see if it is still present or is no longer observed.

ECHOCARDIOGRAM FINDINGS * *Limited study submitted*

2D imaging is available. LV and LA appearance is similar to previous, with asymmetric hypertrophy contrasting regions of thinning. The LA is moderate to severely dilated. No significant pericardial or pleural effusion is appreciated.

2-Dimensional Measurements

Ao diam (cm)	0.8
LA diam (cm)	1.7
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.73
LVID diastole (cm)	1.5
PW thickness (cm)	0.38
LVID systole (cm)	0.7
FS (%)	55

INTERPRETATION OF THE FINDINGS

Compared the prior study, LV and LA dimensions and appearance appear similar. The noted pericardial effusion has resolved on medications, confirming a cardiogenic origin. No additional issues are identified.

RECOMMENDATIONS

- Continue Lasix, Plavix and atenolol as prescribed.
- Monitor renal values/BP every 3-4 months lifelong.
- Anesthesia, fluid or steroid therapy is not advised.
- 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 months to assess rate of progression, sooner if any issues arise in the interim.



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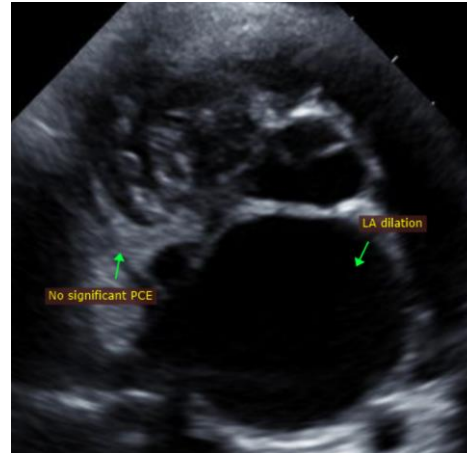
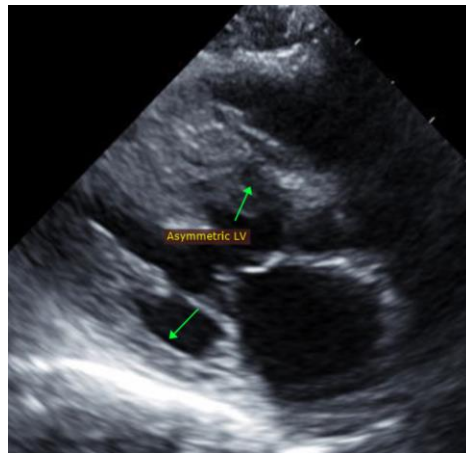
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IMAGES



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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com