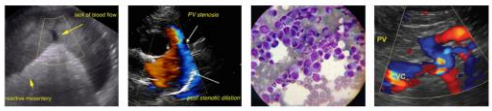
PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Cali Roberts

SPECIES
Feline

BREED
DMH

SEX
Female Spayed

AGE
10 years

WEIGHT
10.6lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Parkway Veterinary Hospital

REFERRING VET
Dr. Segal

INVOICE
27172

DATE
10/28/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History mild segmented ventricular septal hypertrophy; normal LA size, DRVOTO (2.16 m/s). Currently, doing well at home. Grade III/VI murmur. Has dental disease. Echocardiogram prior to anesthesia for dental prophy.
-Pertinent previous echo findings (5/21/20 Josh Gidlewski, DVM, DACVIM- Cardiology): LA 1.4 cm, LA: A0 1.43, IVS 0.42 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 dimensions are somewhat irregular without significant hypertrophy. There is a mild fibrosis of the endocardium. The endocardium appears mildly remodeled. The papillary muscles appear hyperechoic and slightly increased in dimension.
Left atrium: The left atrium is normal. No obvious smoke or thrombi seen.
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. Borderline elevated aortic outflow velocity; laminar flow. 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.
Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. An elevated RVOT velocity is seen on color flow (not captured on Spectral Doppler).
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.2
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.41
LVID diastole (cm)	1.4
PW thickness (cm)	0.43
LVID systole (cm)	0.33
FS (%)	69

Doppler Measurements

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Overtly normal geriatric cardiac structure and function are identified. Mild remodeling fibrosis of the left ventricular wall is noted, which is likely a normal age-related variant. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. No definitive cause is identified for the murmur in this study, however a dynamic RVOTO is suspected. This is a benign finding secondary to tachycardia and/or volume changes. Compared to the prior study, there is no evidence of progression.

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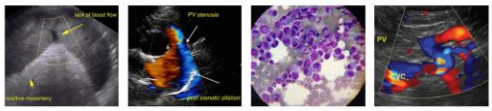

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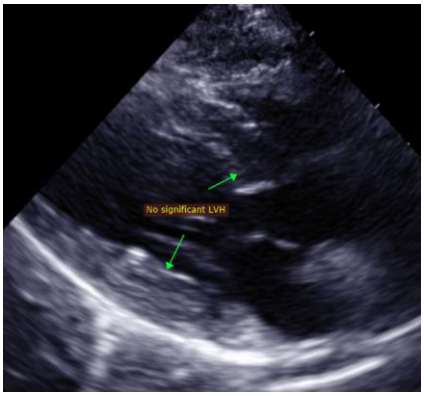
RECOMMENDATIONS

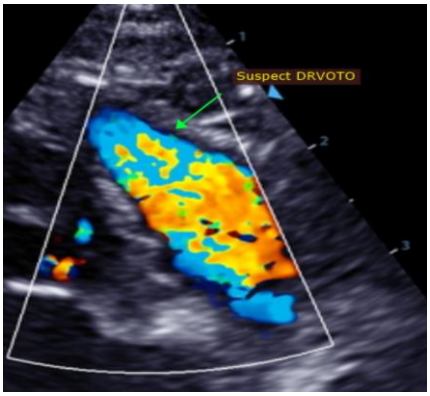
- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any senior cat should be monitored for intolerance (changes in RR/RE).
- Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

PLAN

- Recommend recheck echocardiogram in 1 year to assess for any progressive issues or development of disease the pre-existing murmur may mask.

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)
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