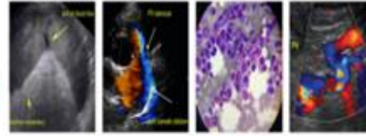
Mass Veterinary Services



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

PATIENT
Hazel Montgomery

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
~1.5 years

WEIGHT
10.25lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
22065

DATE
11/17/21

PRESENTING CLINICAL SIGNS

History: Hazel was adopted September 2020, heart murmur noted on subsequent exam. She was seen on an emergent basis earlier this month for dyspnea. Radiographs showed cardiomegaly with a lung pattern consistent with early congestive heart failure. She was started on Lasix. Her resting respiratory rate has been 32-40. Hazel has been making some gurgling noises the past two weeks on an on/off basis. Her activity level and appetite remain normal. Her ProBNP snap test was negative. CV/RESP: NSR, grade I/VI murmur with PMI on sternum, PSS, lung fields clear. BP: 130mmHg.
-Current medications: 1) Lasix/furosemide 12.5mg 1 tab twice a day 2) Gabapentin---only received partial dose today since a challenge to medicate *Sedated with propofol.

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 normal. The endocardium is largely normal.
Left atrium: The left atrium is normal in dimension. No obvious spontaneous contrast 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. Normal 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 mildly enlarged.
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. The MPA appears normal, however the branches are dilated.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 150bpm.

2-Dimensional Measurements

Ao diam (cm)	0.8
LA diam (cm)	1.0
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.49
LVID diastole (cm)	1.4
PW thickness (cm)	0.52
LVID systole (cm)	0.76
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The only abnormality identified is mild right atrial enlargement with dilated pulmonary arterial branches. This is unusual to see in a cat in general. Possible causes include some peripheral stenosis or vascular abnormality versus early pulmonary hypertension secondary to pulmonary pathology. A normal variant is possible, although in light of respiratory signs is unlikely. No obvious cause for enlargement is seen on this exam and advanced imaging may be necessary, such as an angiogram. Regardless, these findings

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would suggest that congestive heart failure is NOT the cause of respiratory signs and Lasix can and should be safely discontinued.

Given that this patient is young and already experiencing respiratory issues, consider referral to a facility with an Internist and Cardiologist in this unusual case. Advanced imaging, pulmonary evaluation, etc. may be necessary in attempt to obtain the diagnosis and make an appropriate plan going forward.

Prognosis is open at this time until further evaluation is sought.

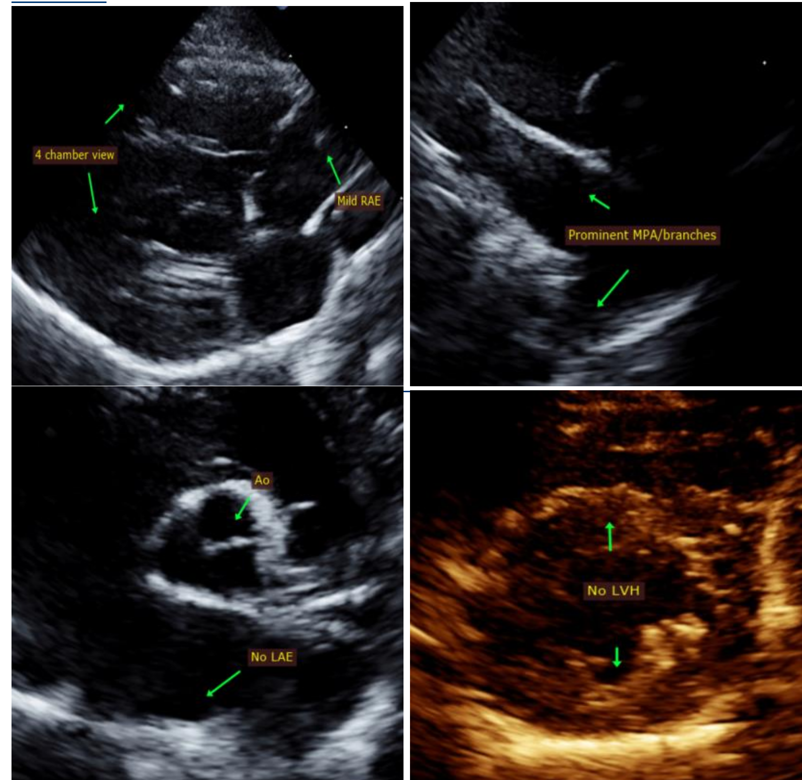
RECOMMENDATIONS

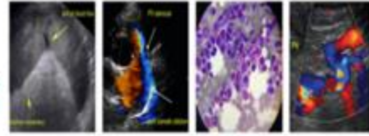
- Discontinue Lasix as discussed.
- Consider referral to a multi-specialty center for pulmonary evaluation and advanced diagnostics as discussed. Radiologist review of the films is also recommended.
- If declined and respiratory signs return/persist, a course of Azithromycin and potentially a Sildenafil trial can attempted.
- Anesthesia is not advised prior to further evaluation.
- 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 reassess these changes, sooner if clinical signs arise in the interim.

IMAGES





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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.

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

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