



PATIENT

Chatham Runsey

SPECIES

Feline

BREED

Maine Coon Cat

SEX

Male Neutered

AGE

11 years

WEIGHT

16lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Wood River Animal
Hospital

REFERRING VET

Dr. Fischer

INVOICE

27558

DATE

11/18/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History borderline IVS thickness and borderline LA size. Doing well clinically. Echo prior to anesthesia for dental prophylaxis. Current meds: Benazepril 2.5 mg QD. BP: 230 mmHg x 2.

-Pertinent previous echo findings (11/16/20 MML): LA 1.4 cm, LA:Ao 1.1, IVS 0.52 cm; PW 0.39 cm.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The septal wall is high normal in dimension with a normal free wall. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. False tendons. The papillary muscles are remodeled and mildly hypertrophied.

Left atrium: The left atrium is mildly dilated.

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. 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.

Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

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)	1.3
LA diam (cm)	1.6
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.55
LVID diastole (cm)	1.9
PW thickness (cm)	0.50
LVID systole (cm)	0.82
FS (%)	57

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, the LV appearance is similar with borderline septal thickening. What is of somewhat concern, is the LA is mildly increased compared to the prior study which is progressive over serial exams. Continued follow up is advised as the overall enlargement remains mild. No additional issues are identified, and the aortic insufficiency is unchanged.

Given these findings, no medications are warranted. Continue Benazepril as prescribed; however, the reported blood pressure suggests poor control. Reassessment is advised, as a secondary vasodilator such as Amlodipine is likely warranted if persistently elevated.

Prognosis is guarded long-term given the highly variable rates of progression with subclinical feline disease.



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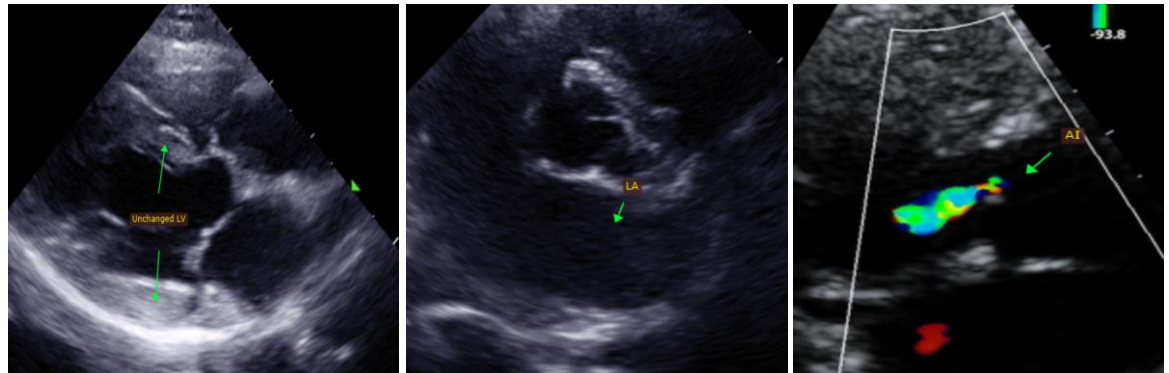
RECOMMENDATIONS

- No additional medications are indicated.
- Continue Benazepril as prescribed. Reassess blood pressure as the sole reason for a visit. If persistently elevated, consider ancillary vasodilation, using Amlodipine. If refractory, IM consultation is recommended.
- Anesthetic risk is considered mild, 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). Avoid vasodilators as this may worsen an outflow obstruction (if present). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Due to premature beats historically, monitor ECG intra-op and intervene as necessary. Finally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- Monitor BP every 6 months lifelong.
- Recommend recheck echocardiogram in 1 year to reassess murmur origin and screen for 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.

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