



PATIENT

Tiberius Story

SPECIES

Feline

BREED

Maine Coon Cat

SEX

Male Neutered

AGE

2 years

WEIGHT

14lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mashpee Veterinary
Hospital

REFERRING VET

Dr. Oldham

INVOICE

22186

DATE

11/28/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of essentially normal cardiac structure and function with remodeling; previously evaluated for occasional open mouth breathing. Currently, doing very well at home; no clinical signs.

-Pertinent previous echo findings (9/11/20 MML): LA 1.28 cm; LA:Ao 1.28; IVS 0.43 cm; PW 0.43 cm; borderline LA size; LV remodeling and fibrosis. *Could not be handled for study - sedated with sevoflurane.

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 with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. False tendons. The endocardium appears remodeled. The papillary muscles are slightly symmetric and remodeled.

Left atrium: The left atrium is normal in dimension. No smoke.

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 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. 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 130bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.0
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.43
LVID diastole (cm)	1.7
PW thickness (cm)	0.48
LVID systole (cm)	1.0
FS (%)	38

Doppler Measurements

PV Vmax (m/s)	0.4
AoV Vmax (m/s)	0.6
MR Vmax (m/s)	NA
TR Vmax (m/s)	1.2
TR PG (mmHg)	5.8

INTERPRETATION OF THE FINDINGS

Unchanged cardiac structure and function. The LV remodeling is similar to the prior study which likely suggest a normal variant. No LV hypertrophy or LA enlargement have developed.

Given these findings, no medications are indicated.

Prognosis is open. Periodic monitoring is advised in this predisposed breed; however, at this time there is no evidence of significant pathology.



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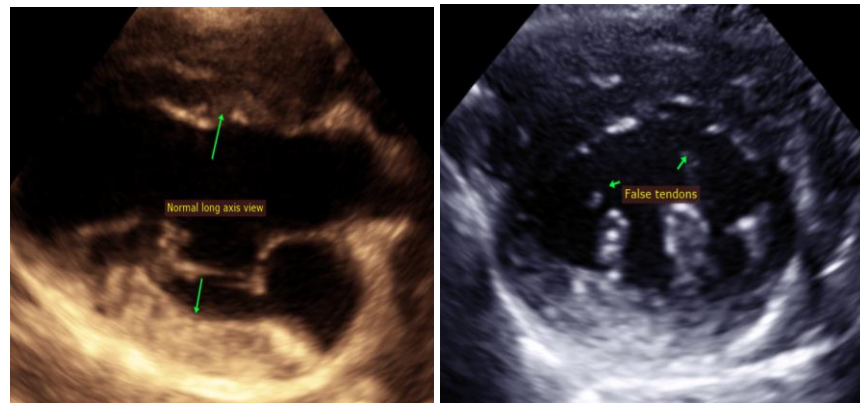
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia.
- 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 1-2 year to screen for progression, sooner if a murmur, gallop or signs of clinical compromise are identified.

IMAGES



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Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

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.

IMAGING PERFORMED BY

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