



PATIENT
Valentino O'Connor

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
14 years

WEIGHT
12.5lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary
Services

REFERRING VET
Dr. Masloski

INVOICE
27993

DATE
12/14/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History Unclassified Cardiomyopathy, with a slight increase in LA dimension. Presently, Valentino is doing well at home. Thyroid level in August WNL. Good appetite and activity level. On exam: NSR, grade II/VI murmur noted best on sternum, PSS lung fields clear, compressible thorax, mm pink, moist. BP: 140mmHg x 5. Current medications: 1) Felimazole 2.5mg 2 tabs twice a day 2) Plavix 75mg 1/4 tab daily 3) Gabapentin 2 capsules for visit *Sedated with propofol for study.
-Pertinent previous echo findings (06/21/2022 MML): LA 1.5 cm; LA:Ao 1.8; LV 1.5 cm; IVS 0.6 cm; PW 0.41 cm; mild LAE; mild - moderate MR; mild MV stenosis; mild TR 2.1 m/s; 18 mmHg; LV endocardial fibrosis; remodeled papillary muscles.

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. False tendon. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled with regions of fusion suspected. The endocardium appears remodeled.
Left atrium: The left atrium is mildly dilated and bulbous in appearance. No obvious spontaneous contrast or thrombi seen.
Mitral valve: The mitral valve appears largely normal; however, mild stenosis is suspected on inflow doppler and 2D imaging. No obvious systolic anterior motion is seen. Mild MR.
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 dilated.
Tricuspid valve: The tricuspid valve appears normal with mild tricuspid regurgitation. Normal velocity.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Mild 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 160bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.4
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.54
LVID diastole (cm)	1.6
PW thickness (cm)	0.44
LVID systole (cm)	0.75
FS (%)	51

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	NM
MR Vmax (m/s)	NA
TR Vmax (m/s)	1.8
TR PG (mmHg)	13

INTERPRETATION OF THE FINDINGS

Overall, the findings appear similar to the previous exam. Both atria are mildly dilated without significant progression. Mild MR and TR are unchanged and no significant LV hypertrophy is noted. The papillary muscles continue to remodel with regions of fusion and fibrosis. The clinical relevance is unknown. No additional issues are identified.



PATIENT

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Given these findings, continue Plavix as previously recommended.

SPECIES

Feline

Prognosis remains guarded, with risk for CHF, blood clot events, arrhythmias, etc. going forward.

BREED

DSH

RECOMMENDATIONS

- Continue Plavix as prescribed.
- Anesthetic risk remains moderately elevated if needed. 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 the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, 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.).

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PLAN

- A recheck echocardiogram is recommended in 6 months to continue to assess for progression, sooner if clinical signs arise in the interim.

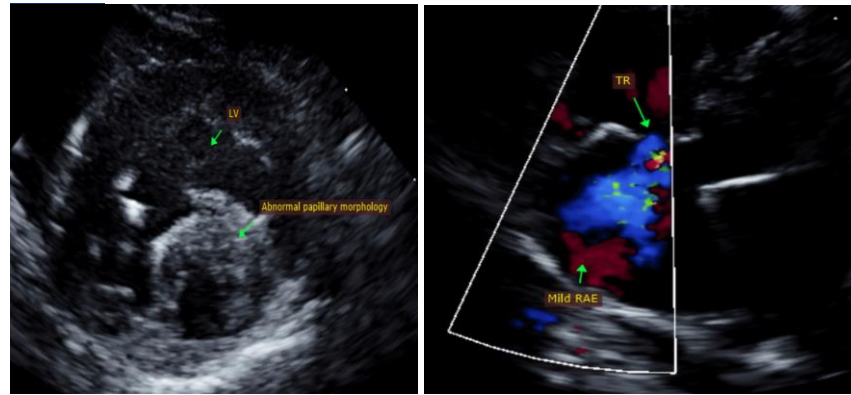
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Masloski

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.

INVOICE

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Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

DATE

12/14/22

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