



PATIENT

Lucy Ford

PRESENTING CLINICAL SIGNS

History: Recently presented to ER with retinal detachment in both eyes. Hypertension confirmed (BP at that visit 250 mmHg). History controlled hyperthyroidism. On Amlodipine 0.625mg q24h; Felimazole 5mg q12h. BP today: 160-170mmHg.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

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

BREED

DSH

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall dimensions are normal. There is mild fibrosis of the endocardium. The endocardium appears mildly remodeled. The papillary muscles appear hyperechoic and normal in dimension.

SEX

Female Spayed

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. No MR.

AGE

9 years

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency. Dilated ascending segment (see below).

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.

WEIGHT

7.45lbs

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 230bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.1
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.46
LVID diastole (cm)	1.3
PW thickness (cm)	0.50
LVID systole (cm)	0.6
FS (%)	52

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Littleton Animal
Hospital

INTERPRETATION OF THE FINDINGS

Overtly normal 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 evidence of hypertensive cardiomyopathy at this time such as LV thickening or an aortic leak. The ascending aortic segment is dilated which would support the diagnosis.

REFERRING VET

Dr. Cox

Continued evaluation for causing of systemic hypertension is recommended such as PLN, etc. Consultation with an Internal Medicine Specialist may be beneficial in this case.

INVOICE

22263

Prognosis is open from a cardiac standpoint.

DATE

12/2/21



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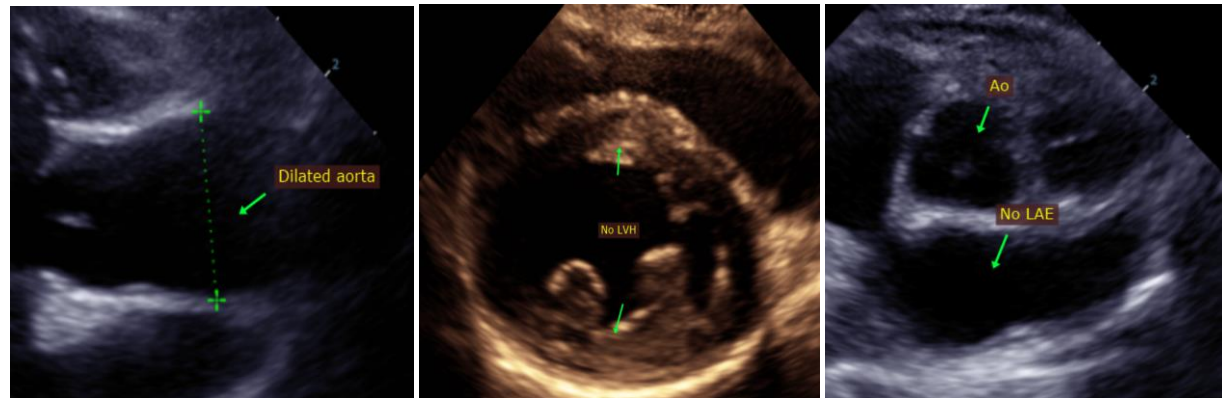
RECOMMENDATIONS

- Given these findings, no cardiac medications are indicated.
- No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any 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 screen for any progressive issues.

IMAGES



INTERPRETED BY

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

Pamela Harrigan,
 RDCS

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 info@sonopath.com

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Littleton Animal
 Hospital

REFERRING VET

Dr. Cox

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