



PATIENT
Valentino O'Connor

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
12 years

WEIGHT
13.25lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary
Services

REFERRING VET
Dr. Masloski

INVOICE
22337

DATE
12/8/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History unclassified cardiomyopathy. Current presentation: Valentino is presently doing well at home - good appetite and activity level. Thyroid level normal. Exam: NSR, grade III/VI murmur noted best on sternum, PSS, lung fields clear, compressible thorax. BP: 180mmHg x 5.

-Current medications: 1) Felimazole 2.5mg 2 tabs in am with 1 tab pm 2) Plavix 75mg 1/4 tab daily 3) Gabapentin 2 capsules for visit. *Sedated with propofol for study.

-Pertinent previous echo findings (6/22/21 MML): LA 1.5 cm; LA:Ao 1.5; IVS 0.58 cm; LV 1.77 cm; PW 0.44 cm; mild LAE/RAE; mild-moderate MR.

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 largely normal. False tendon. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled, atrophied and asymmetric. The endocardium appears remodeled.

Left atrium: The left atrium is mildly dilated. 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 to moderate 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 trace tricuspid regurgitation.

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)	0.52
LVID diastole (cm)	1.5
PW thickness (cm)	0.47
LVID systole (cm)	0.87
FS (%)	42

Doppler Measurements

PV Vmax (m/s)	0.54
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Largely unchanged structural disease is identified in this study. The LA dimension is stable indicating no progressive risk at this time. Interestingly, the mitral valve motion and inflow pattern is consistent with a mild stenosis which was not noted previously. This is likely an oversight rather than being a new finding, which fortunately does not change treatment or outcome. No additional issues are identified.



PATIENT
Valentino O'Connor

Given these findings, continue Plavix as previously recommended. Pimobendan was not mentioned in the history and presumably was discontinued due to difficult administering. Given a lack of progression it is reasonable to not utilize this medication at this time.

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.).

SEX
Male Neutered

AGE
12 years

PLAN

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

WEIGHT
13.25lbs

IMAGES

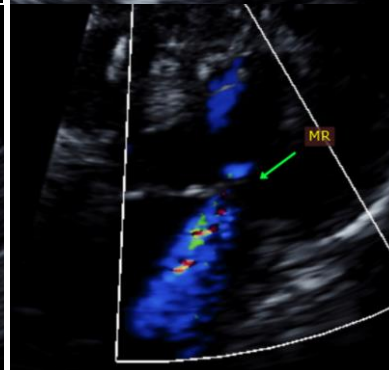
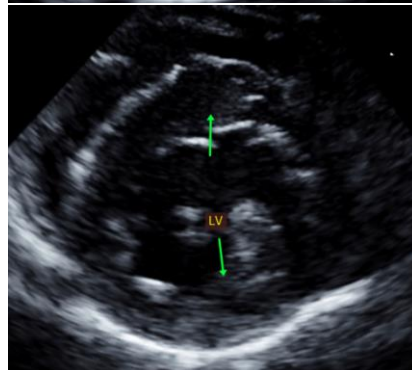
INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)



IMAGING PERFORMED BY

Pamela Harrigan,
RDCS



HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

22337

DATE

12/8/21



PATIENT
Valentino O'Connor
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.

SPECIES
Feline
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.

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

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

AGE
12 years

WEIGHT
13.25lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary
Services

REFERRING VET
Dr. Masloski

INVOICE
22337

DATE
12/8/21