



PATIENT

Pinto Blaser

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

1.7 years

WEIGHT

15.75lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM documented on prior echo. Currently, Pinto is doing well clinically - good appetite and normal activity level. hypertrophy. He is an indoor/outdoor feline. On auscultation: NSR, grade II/VI murmur with PMI left apical area, PSS, lung fields clear, compressible thorax. BP: 110 mmHg x 5. Current medications: Atenolol 25mg 1/4 tab twice a day *No sedation for study.

-Pertinent previous echo findings (3/4/21 Nancy Morris, DVM, DACVIM): LA 1.31 cm; LA:Ao 1.38; (normal LA size); IVS 0.63 cm; PW 0.65 cm; LVOT 3.2 m/s, dynamic profile.

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 mildly increased, with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are hypertrophied and hyperechoic. The endocardium appears mildly remodeled.

Left atrium: The left atrium is mildly enlarged. No smoke or thrombi seen.

Mitral valve: The anterior leaflet of the mitral valve appears normal in morphology. Mild systolic anterior motion is seen; however, the aortic outflow velocity appears normal. Trace/mild MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Borderline aortic outflow velocity with a dynamic profile. 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.

Pulmonary 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 160bpm.

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

22593

DATE

2/16/22

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.6
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.60
LVID diastole (cm)	1.55
PW thickness (cm)	0.65
LVID systole (cm)	0.60
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	0.95
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is evidence of relative stability. The LV is similar to what is described previously, and the outflow obstruction appears well controlled. Of some concern is the LA is slightly increased and falls in the mildly enlarged category. Follow up is certainly advised as dilation of this chamber correlates closely with risk for complication. No additional issues are identified.

Given these findings, continue Atenolol as prescribed. Prognosis remains guarded long-term.



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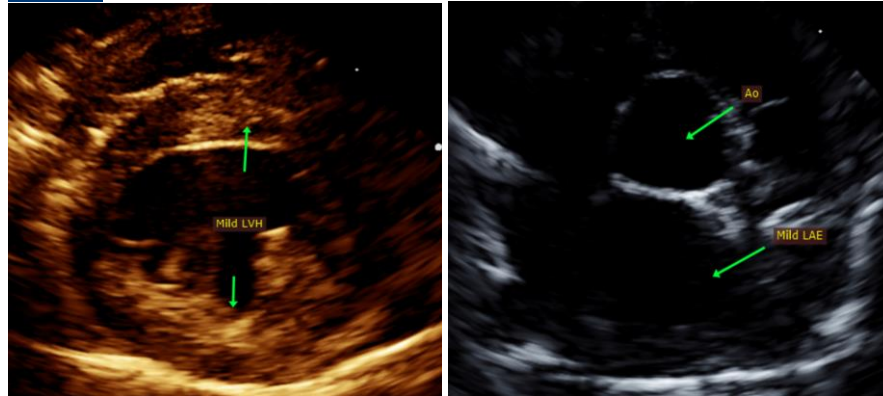
RECOMMENDATIONS

- Continue Atenolol as prescribed.
- Screening BP and T4 every 4-6 months.
- Anesthetic risk is considered elevated, with high risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor.
- 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 6 months to assess rate of progression, sooner if any issues arise in the interim.

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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)