



PATIENT

The Cat Ristaino

PRESENTING CLINICAL SIGNS

History: Progressive weight loss, dull hair coat. Recent plantar stance in rear. Senior profile WNL. *Sedated with torb/midazolam/alfaxan.

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 thicknesses are asymmetric, with moderate septal hypertrophy. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are significantly hypertrophied. The endocardium appears remodeled.

SEX

Male Neutered

Left atrium: The left atrium is borderline normal in dimension. The left auricle is prominent, however.

AGE

15 years

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.

WEIGHT

12lbs

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 obvious 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 effusion noted. Large volume pleural effusion. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 220bpm.

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.3
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.7
LVID diastole (cm)	1.2
PW thickness (cm)	0.5
LVID systole (cm)	0.3
FS (%)	77

Doppler Measurements

PV Vmax (m/s)	0.77
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

Norfolk County
 Veterinary Service

REFERRING VET

Dr. Richards

INVOICE

22649

DATE

2/17/22

INTERPRETATION OF THE FINDINGS

Interesting case. There is no question significant LV and papillary muscle hypertrophy present, most consistent with hypertrophic disease; however, volume depletion may be contributing with active effusion. Despite this finding there is no significant atrial dilation, yet large volume effusion present. It is also unusual that the patient is not reportedly having respiratory signs, and this may reflect a more chronic effusion.

Given the presence of underlying disease, further evaluation is advised prior to determining the likely origin of pleural effusion. Thoracocentesis is strongly recommended to improve clinical status and assess fluid cytology. Pending results, Lasix can be instituted if atypical CHF is suspected with close assessment of response over the next 1-2 weeks. If the response is sub-optimal and/or the effusion returns, other possibilities should again be



PATIENT
 The Cat Ristaino

considered, such as neoplasia. Renal values must be carefully monitored in this senior cat going forward. No obvious indication for additional medications at this time.

SPECIES
 Feline

Prognosis is guarded long term, given the degree of disease and the age of the patient. time.

BREED
 DSH

RECOMMENDATIONS

- Highly recommend thoracocentesis for both diagnostic and therapeutic purposes.
- If results suggest CHF, institute Lasix 1-2mg/kg PO q12h.
- If effusion persists/returns despite therapy, consider full systemic evaluation.
- Thyroid level and BP should both be assessed and monitored q6 months.
- 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

PLAN

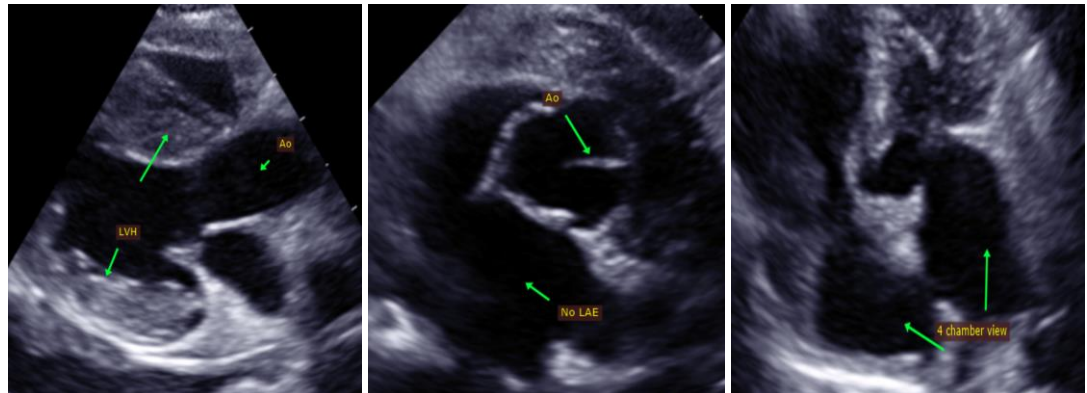
- If Lasix is instituted, recheck renal panel in 1-2 weeks, then every 3-4 months lifelong.
- Recommend recheck echocardiogram in 6 months to screen for progressive changes.

AGE

15 years

IMAGES

WEIGHT
 12lbs



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.

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

HOSPITAL NAME

Norfolk County
 Veterinary Service

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.

REFERRING VET

Dr. Richards

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

INVOICE

22649

DATE

2/17/22