



PATIENT
Don Colella

PRESENTING CLINICAL SIGNS

History: Elevated proBNP (465). No murmur. History of kidney disease.

SPECIES
Feline

ECHOCARDIOGRAM FINDINGS

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

BREED
Devon Rex

Left ventricle: The LV diameter is normal with adequate myocardial function. The septum measures borderline in dimension with an irregular appearance. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and mildly hypertrophied. The endocardium appears mildly remodeled.

SEX

Maled Neutered

Left atrium: The left atrium is minimally dilated. No obvious spontaneous contrast or thrombi seen.

Mitral valve: The mitral valve is mildly elongated. No systolic anterior motion is seen. Trace mitral regurgitation.

AGE

10 years

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. 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.

WEIGHT
13.5lbs

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.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 150bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.35
LA:Ao (Swe)	1.35
IVS thickness (cm)	0.60
LVID diastole (cm)	1.58
PW thickness (cm)	0.47
LVID systole (cm)	0.8
FS (%)	55

Doppler Measurements

PV Vmax (m/s)	0.71
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Wignall Animal
Hospital

INTERPRETATION OF THE FINDINGS

Mild abnormalities are identified in this study. The septum is borderline hypertrophied; however, the remainder of the LV is normal. That being said, there is more remodeling and fibrosis than is considered normal. Additionally, the LA is minimally enlarged which may suggest early filling pressure elevation. These findings may suggest early hypertrophic disease (particularly in light of BNP elevation) or may simple be a normal variant. Follow up is advised to determine clinical significance. No additional issues are identified.

REFERRING VET

Dr. Colella

Given these findings, the risk the complication is low. No medications are indicated. Prognosis is guarded until progression is assessed.

INVOICE
28743

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Monitor BP and T4 every 6 months.

DATE
2/1/23



PATIENT
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- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).
- Anesthetic risk is considered mild, however 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.

SPECIES
 Feline

BREED
 Devon Rex

PLAN

- Recommend recheck echocardiogram in 6-12 months to reassess murmur origin and screen for progressive LVH.

SEX
 Maled Neutered

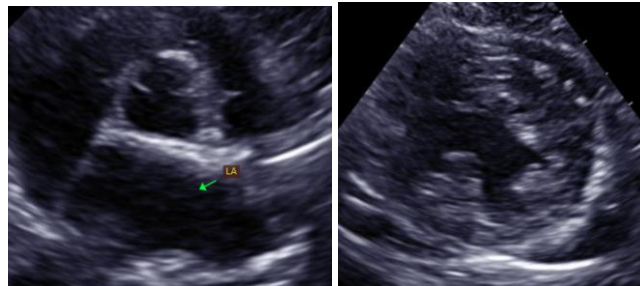
IMAGES

AGE

10 years

WEIGHT

13.5lbs



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

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)
 info@sonopath.com

HOSPITAL NAME

Wignall Animal
 Hospital

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

REFERRING VET

Dr. Colella

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