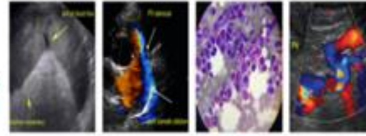
Mass Veterinary Services



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Willow Nawrocki

SPECIES
Feline

BREED
Balinese

SEX
Female Spayed

AGE
11 months

WEIGHT
9.38lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
23113

DATE
3/15/22

PRESENTING CLINICAL SIGNS

History: Willow was noted to have a grade III/VI heart murmur in November at the time of her spay. She has been noted to breathe with some difficulty after playing. She has a good appetite. BP: 150mmHg. No medications. *No sedation for study.

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 normal. Septal flattening. Endocardium and papillary muscles appear normal.
Left atrium: The left atrium is mildly dilated in long-axis views. Difficult to visualize in base-views.
Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No MR.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.
Right ventricle: Mild RV dilation. The RV walls are severely hypertrophied.
Right atrium: The right atrium is mildly dilated.
Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation.
Pulmonic valve/Pulmonary artery: The MPA is mildly dilated in some views past the level of the valve. The pulmonic valve appears largely normal in morphology and mobility. Trace pulmonic insufficiency. Mildly elevated RVOT velocity with a dynamic profile likely secondary to RVH. The MPA branches are both dilated with severe enlargement of the left branch and mild enlargement of the right.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 180bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.4
LA:Ao (Swe)	<1.5
IVS thickness (cm)	0.43
LVID diastole (cm)	1.3
PW thickness (cm)	0.46
LVID systole (cm)	0.42
FS (%)	69

Doppler Measurements

PV Vmax (m/s)	2.1
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Unusual case. The most significant finding is severe RV hypertrophy with significant MPA branch dilation. The left branch is markedly enlarged and may suggest a peripheral stenosis. No obvious pulmonic stenosis through the valve is seen here. A dynamic RVOT obstruction is likely a secondary phenomenon secondary to significant RV hypertrophy rather than being a primary cause. Trace TR and mild right atrial enlargement are not surprising given the degree of pressure overload seen here. The left heart is largely unremarkable, although the LA appears mildly enlarged. Follow up is advised.

These findings are inconclusive as to a definitive diagnosis. A peripheral stenosis is suspected, although this is purely speculative. Given the degree of abnormality, consider referral for advanced imaging (bubble study, CT/angioram, etc.). If declined, given a

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relatively asymptomatic status I would not necessarily utilize medications prior to a definitive diagnosis.

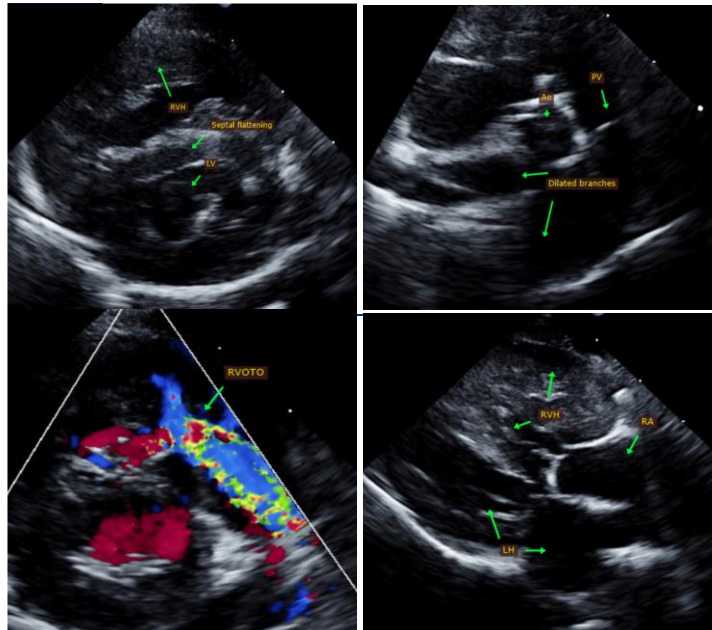
RECOMMENDATIONS

- Given these findings, no obvious indication for medications at this time.
- Highly recommend referral for advanced imaging as discussed.
- Risk for general anesthesia is certainly elevated and should be avoided prior to further diagnostics.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- If referral is declined, recommend recheck echocardiogram in 6 months, sooner if any clinical decline.

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)
info@sonopath.com

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