



PATIENT

Moki Cadman

SPECIES

Feline

BREED

British Shorthair

SEX

Male Neutered

AGE

11 years

WEIGHT

12.75lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

23125

DATE

3/16/22

PRESENTING CLINICAL SIGNS

History: Moki was noted to have an elevated ProBNP of 100 in December when being seen for a poor appetite and weight loss. No respiratory issues. A new kitten was adopted in October around which time they noted Moki to not be eating as well and losing weight. Occasional vomiting (once monthly) consisting of white to yellow foamy material, but not food. No C/S/D/PU/PD. On auscultation: transient gallop, no murmurs noted, PSS, lung fields clear. Medications: Amlodipine 0.625mg transdermal daily (BP at rDVM 169-173 mmHg, sedated). *Sedated with butorphanol, midazolam, and alfaxalone 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 largely normal. There is mild endocardial fibrosis. The papillary muscles appear mild and hyperechoic.

Left atrium: The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.

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: 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.

Pulmonic 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 188bpm.

2-Dimensional Measurements

| | |
|--------------------|------|
| Ao diam (cm) | 0.9 |
| LA diam (cm) | 1.2 |
| LA:Ao (Swe) | 1.3 |
| IVS thickness (cm) | 0.45 |
| LVID diastole (cm) | 1.3 |
| PW thickness (cm) | 0.48 |
| LVID systole (cm) | 0.77 |
| FS (%) | 41 |

Doppler Measurements

| | |
|----------------|------|
| PV Vmax (m/s) | 0.43 |
| AoV Vmax (m/s) | 0.71 |
| MR Vmax (m/s) | NA |
| TR Vmax (m/s) | NA |
| TR PG (mmHg) | NA |

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. There is mild remodeling and fibrosis of the left ventricular wall, which is considered normal. No additional issues are identified and there is no evidence of hypertensive cardiomyopathy.

An elevated BNP may be secondary to early fibrosis or may be a false positive (a known weakness of the test). In a patient with historical hypertension, this may be the cause. Consider testing for other causes of elevation including renal disease. Monitoring is advised. Prognosis is open at this time.



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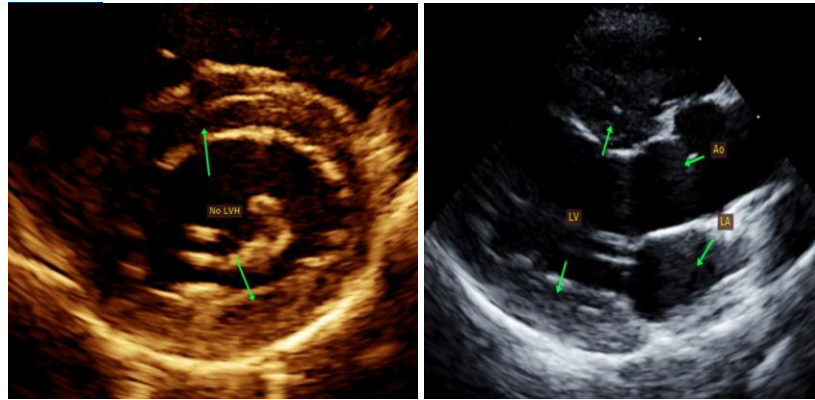
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Baseline BP recommended if able (fractious patient).
- No cardiac contraindication for general anesthesia.
- 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 1 year to ensure no progressive issues are seen, sooner if a murmur or gallop is noted 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
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Echocardiogram performed by:

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