



PATIENT

Smokey Joly

SPECIES

Feline

BREED

DMH

SEX

Male Neutered

AGE

15 years

WEIGHT

9lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

23126

DATE

3/16/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of UCM with remodeling and fibrosis of the left ventricle and moderate LAE, stable on prior echo with additional mild enlargement of the right heart. ECG showed persistence of an irregular sinus rhythm. Current presentation: Smokey seems hungrier recently, although has lost weight since his last visit. He will not eat the kidney diet at all. Occasionally, frank blood noted in his stools. He is otherwise doing well with no C/S/V/D/PU/PD. On auscultation: NSR, no murmur noted, PSS, lung fields clear, compressible thorax. BP: 190-200mmHg.

-Current medications: 1) Pimobendan 3.75mg 1/3 tab twice a day 2) Atenolol 25mg 1/4 tab twice a day 3) Plavix 75mg 1/4 tab daily *No sedation for study.
-Pertinent previous echo measurements (6/22/212 MML): LA 1.6 cm; LA:Ao 1.8; LV 1.4 cm; IVS 0.46 cm; PW 0.48 cm.

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 a markedly remodeled hyperechoic endocardium. False tendons. The papillary muscles are remodeled and hyperechoic.

Left atrium: The left atrium is moderately dilated. 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. Trivial MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No obvious aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Mild right atrial enlargement.

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.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 140bpm with an irregular rhythm.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.6
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.49
LVID diastole (cm)	1.6
PW thickness (cm)	0.49
LVID systole (cm)	0.8
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Persistently stable disease. The left atrium remains dilated with no progression. The LV is unremarkable with adequate systolic function. The right heart is similar to previous. No obvious progression or additional issues are identified. The irregular heart rate and rhythm are unchanged from the prior ECG as well.



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Given these findings, continue all medications as prescribed. Patient will always remain at risk for CHF, malignant arrhythmias, and/or sudden death in the future. Prognosis remains guarded long-term.

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RECOMMENDATIONS

- Continue Plavix, Atenolol and Pimobendan as prescribed.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).
- Monitoring of sleeping breathing rates is recommended to screen for CHF in the future.
- Elective anesthesia is not advised.

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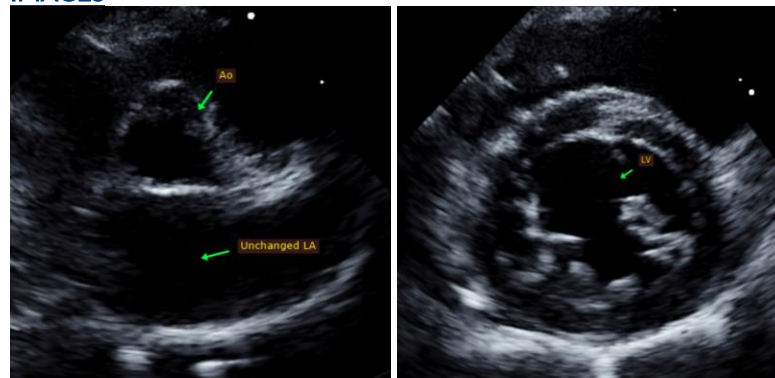
PLAN

- A recheck echocardiogram and ECG are recommended in 6-12 months to assess progression.

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IMAGES



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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.

HOSPITAL NAME

Mass Veterinary
Services

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REFERRING VET

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Echocardiogram performed by:

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

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