



PATIENT PRESENTING CLINICAL SIGNS

Wiley Bania

History: Recheck echo. History HCM. Presently, Wiley is doing well at home with a continued good appetite. Overweight. On exam: NSR, grade II/VI murmur noted best on sternum, PSS, lung fields sl harsh on inspiration, compressible thorax, mm pink, moist, CRT<2. BP: 150mmHg x 3. *Sedated with propofol for study.
-Pertinent previous echo findings (6/14/22 MML): LA 1.5 cm; LA:Ao 1.5; IVS 0.86 cm; PW 0.79 cm; LVOT Vmax 0.6 m/s.

SPECIES

Feline

BREED ECHOCARDIOGRAM FINDINGS

DSH

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

SEX

Male Neutered

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are moderately increased with an asymmetric appearance. Discrete septal bulge. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic.

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

AGE

10 years

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. Trace 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.

WEIGHT

23lbs

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 170bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.6
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.84
LVID diastole (cm)	1.2
PW thickness (cm)	0.84
LVID systole (cm)	0.5
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INTERPRETATION OF THE FINDINGS

Persistently stable disease. The LV wall thickness, while significantly abnormal, is unchanged and the LA remains mildly dilated. No additional pathology is appreciated at this time.

INVOICE

29759

Given these findings, no medications are recommended at this time. Prognosis remains guarded long-term with risk for progression in the future.

DATE

3/22/23



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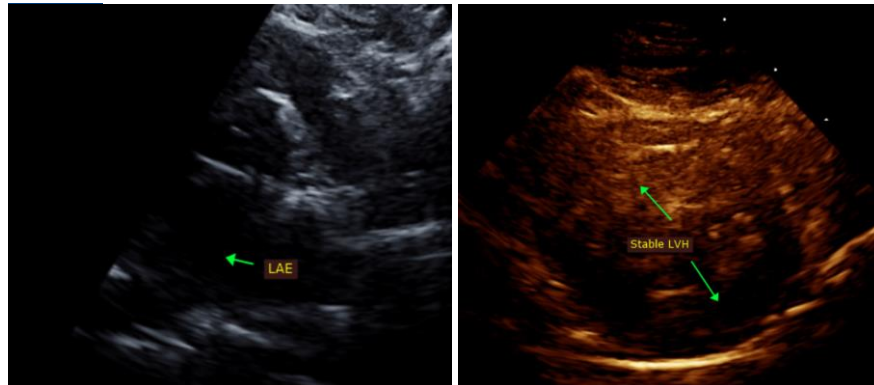
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Monitor BP and T4 every 6 months.
- 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). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance.
- Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.
- 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 6-12 months to screen for progression, sooner if any clinical signs arise 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.

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Echocardiogram performed by:

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