



PATIENT

Mephitis Kaplan

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

10 years

WEIGHT

11.7lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Wignall Animal
Hospital

REFERRING VET

Dr. Dietrich

INVOICE

29948

DATE

3/30/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM; history CHF with pericardial effusion. Presently, Mephitis is coughing more. Today crackles heard on auscultation. Radiographs pending. Current medications: 1) Atenolol 25 mg 1/4t BID, 2) Furosemide 12.5 mg 1/2t BID, 3) Clopidogrel 75 mg 1/2t SID.
-Previous echoes: (1/20/2023 Maggie Lamy): No effusions, asymmetric LVH, IVSd: 0.73, LVWd: 0.38, moderate to severe LAE: 1.7cm.

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 highly asymmetric with mild septal thickening and thinning of the free wall. False tendons with exuberant fibrosis. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied and hyperechoic. The endocardium appears mildly remodeled.

Left atrium: The left atrium is severely dilated. No smoke or thrombi seen.

Mitral valve: The anterior leaflet of the mitral valve appears largely normal. No obvious systolic anterior motion is seen. Moderate eccentric MR.

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.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. The RVOT velocity is normal.

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

2-Dimensional Measurements

Ao diam (cm)	0.8
LA diam (cm)	2.0
LA:Ao (Swe)	2.5
IVS thickness (cm)	0.67
LVID diastole (cm)	1.5
PW thickness (cm)	0.39
LVID systole (cm)	0.90
FS (%)	44

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	0.96
MR Vmax (m/s)	NM
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Hypertrophic obstructive cardiomyopathy (HOCM) persists similar to the previous study. The LV morphology remains highly asymmetric with slight progressive thinning of the septum. Systolic function is intact; however, the LA is progressively dilated. Additionally, scant pericardial effusion has returned despite medical management. No additional issues are identified.

Given these findings, continue Atenolol and Clopidogrel as prescribed. A dose increase in Lasix is recommended based upon reported abnormal breathing pattern and pericardial effusion.



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Prognosis is poor long-term and our goal is stabilize the situation and maintain quality of life.

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RECOMMENDATIONS

- Continue Atenolol and Plavix as prescribed.
- Pending CXR, increase Lasix to 12.5mg am, 6.25mg pm.
- Screening BP/T4 every 6 months.
- Elect anesthesia is not advised.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

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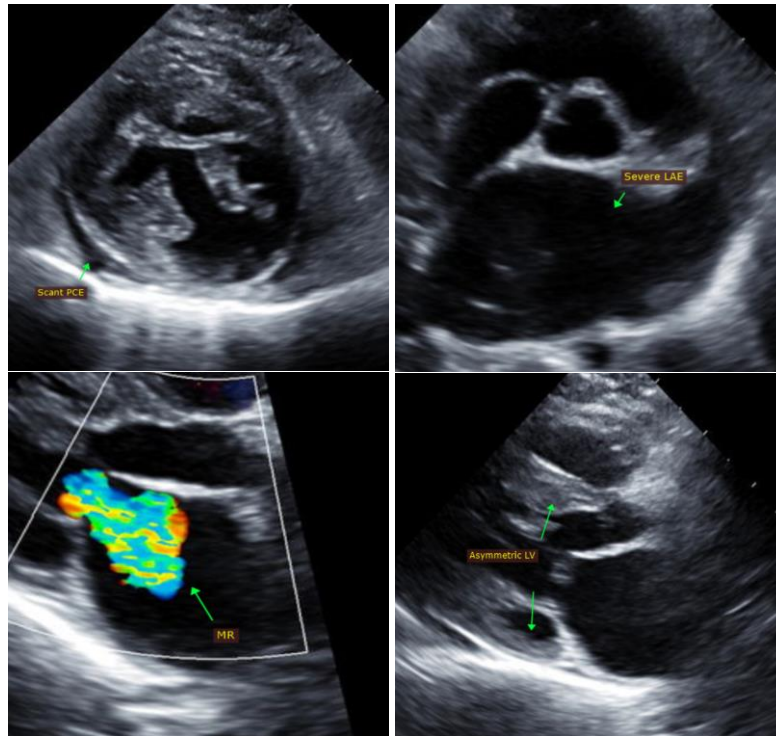
- Recheck renal values and BP in 1-2 weeks, then every 3-4 months lifelong.
- Recommend recheck echocardiogram in 6 months to assess rate of progression, sooner if any issues arise in the interim.

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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.

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

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