



**PATIENT**

Destiny Taverna

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

12 years

**WEIGHT**

11.88lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary  
Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

23371

**DATE**

3/31/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History HOCM with progressive LA enlargement and decreasing LV wall thickness. Current presentation: Destiny was coughing almost daily several months ago but that has stopped (now once monthly). No dyspnea. Her activity level is good, but her appetite varies. On auscultation: NSR, grade III/VI murmur with PMI on sternum, PSS, lung fields clear, compressible thorax. BP: 120mmHg x 5. Medications: 1) Atenolol 25mg 1/4 tab daily 2) Plavix/clopidogrel transdermal 18.75mg daily \*No sedation for study.  
-Pertinent previous echo findings (9/15/21 MML): LA 1.6 cm; LA:Ao 1.6; IVS 0.46 cm; Pw 0.51 cm; moderate LAE; LVOT 1.1 m/s.

**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 and continue to decrease compared to the prior study. There is a diffusely hyperechoic endocardium consistent with fibrosis. False tendon. The papillary muscles are remodeled and hyperechoic. The endocardium appears remodeled.

**Left atrium:** The left atrium is moderately dilated with a horizontal component. No smoke or thrombi seen.

**Mitral valve:** The anterior leaflet of the mitral valve appears largely normal. Systolic anterior motion is seen on 2D imaging. Mild 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. Normal RVOT velocity.

**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)	1.0
LA diam (cm)	1.6
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.49
LVID diastole (cm)	1.6
PW thickness (cm)	0.54
LVID systole (cm)	0.78
FS (%)	49

**Doppler Measurements**

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Compared to the prior study, the findings are quite similar. The LV wall thickness is unchanged with a highly irregular appearance. Systolic function remains intact and the LVOTO is not present. The LA is significantly dilated, although similar to the previous study and no additional issues are identified.



**PATIENT**  
Destiny Taverna

Given these findings and an asymptomatic patient, reasonable to continue Atenolol and Plavix as prescribed. Close monitoring for development of any clinical signs is recommended going forward.

**SPECIES**  
Feline

Prognosis is guarded going forward.

**BREED**  
DSH

**RECOMMENDATIONS**

- Continue Plavix and Atenolol as prescribed.
- Screening BP/T4 every 6 months.
- Elective 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.).

**SEX**  
Female Spayed

**PLAN**

- Recommend recheck echocardiogram in 6 months to assess rate of progression, sooner if any issues arise in the interim.

**AGE**

12 years

**IMAGES**

**WEIGHT**  
11.88lbs



**INTERPRETED BY**

Maggie Machen Lamy, DVM  
DACVIM (Cardiology)

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

**Maggie Machen Lamy, DVM**  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

**REFERRING VET**

Dr. Masloski

**Echocardiogram performed by:**

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

**INVOICE**

23371

**DATE**

3/31/22