



PATIENT

Joey Beliveau

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

4 years

WEIGHT

12lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

30164

DATE

4/11/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM. Presently, doing well at home; good energy and playful. Good appetite. No clinical issues. Grade III/VI systolic murmur on sternum; lung fields clear. BP: 90-100mmHg. Current medications: Atenolol 25mg, 1/4 tab daily. *Sedated with propofol for study.
-Pertinent previous echo findings (10/5/22 MML): LA 1.1 cm; LA:Ao 1.2; IVS 0.74 cm; PW 0.57 cm; LVOT Vmax 2.5 m/s/ normal LA size, mild, eccentric, MR, moderate LV septal hypertrophy, normal free wall, endocardial fibrosis and remodeling.

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 mildly increased. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles appear hyperechoic. The endocardium appears mildly remodeled.
Left atrium: The left atrium is normal. No obvious spontaneous contrast or thrombi seen.
Mitral valve: The mitral valve is normal in structure. Systolic anterior motion is seen with mild eccentric MR.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocities. 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 170bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.1
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.66
LVID diastole (cm)	1.1
PW thickness (cm)	0.62
LVID systole (cm)	0.41
FS (%)	64

Doppler Measurements

PV Vmax (m/s)	0.65
AoV Vmax (m/s)	1.9
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are slightly improved. The LV septal dimension has decreased slightly, which is a good sign. The LVOTO appears well controlled on the current dose of Atenolol. The LA remains normal, indicating low risk for complication. No additional issues are identified.

Given these findings, continue Atenolol going forward.

The reported blood pressure is similar to previous and consistent with hypotension. If the patient is doing well at home, simple monitoring is recommended.



PATIENT

Joey Beliveau

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

4 years

WEIGHT

12lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

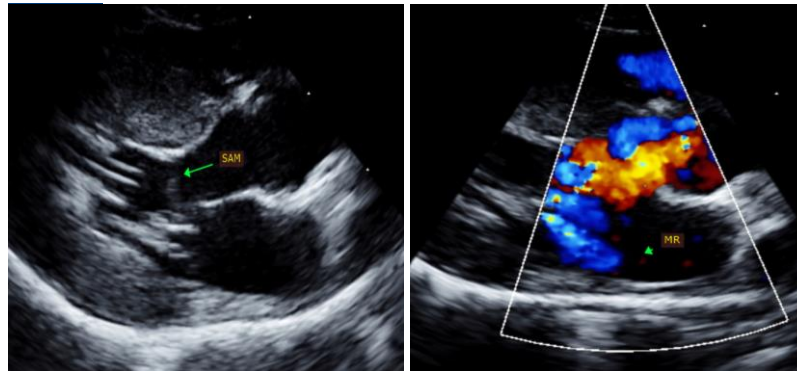
RECOMMENDATIONS

- Continue Atenolol as prescribed.
- Monitor BP/T4 q6mo.
- 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). Avoid vasodilators as this may worsen the obstruction. 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 mildly elevated. Monitoring of RR/RE is advised particularly in the initiation phase.
- Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

PLAN

- Recommend recheck echocardiogram in 6-9 months to assess for progression, sooner if clinical issues arise.

IMAGES



IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

Echocardiogram performed by:

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

INVOICE

30164

DATE

4/11/23