



PATIENT

Princess Dudley

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

5 years

WEIGHT

14.63lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

30177

DATE

4/11/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM. Presently, Princess is doing well at home with a good appetite. No open mouth/labored breathing, collapse, or exercise intolerance. Grade III/VI systolic murmur; lung fields clear. BP: 150-160 mmHg. *No sedation for study.

-Pertinent previous echo findings (10/11/22 MML): LA 1.2 cm; LA:Ao 1.1; IVS 0.72 cm; PW 0.65 cm; LVOT Vmax 2.2 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 thickness is asymmetric with mild to moderate focal septal thickening and a borderline free wall dimension. There is a mildly hyperechoic endocardium consistent with fibrosis.

The papillary muscles are mildly hyperechoic. The endocardium appears mildly remodeled.

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

Mitral valve: The MV leaflets appears normal. Systolic anterior motion is suspected. No MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mildly elevated 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; 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 210bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.2
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.60
LVID diastole (cm)	1.45
PW thickness (cm)	0.53
LVID systole (cm)	0.32
FS (%)	78

Doppler Measurements

PV Vmax (m/s)	1.6
AoV Vmax (m/s)	2.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compare to the prior study, findings are similar. The LV wall thickness is unchanged, and the LA remains normal. The LVOT obstruction appears mild and intermittent, and no additional issues are identified.

Given these findings, no medications are warranted.

Prognosis is guarded given the highly variable nature of feline cardiomyopathy.



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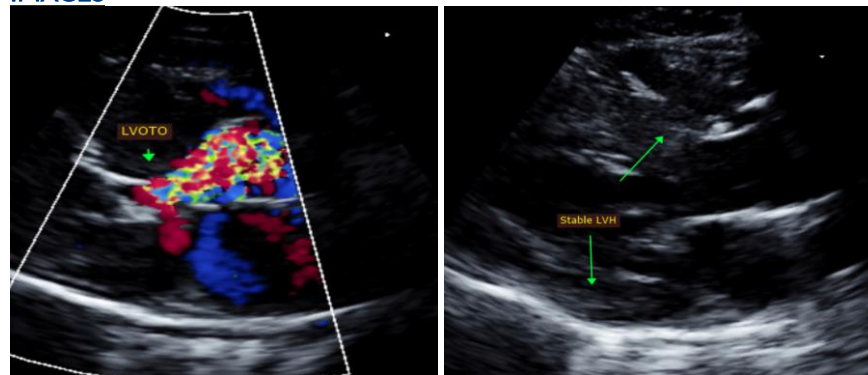
RECOMMENDATIONS

- No medications are clearly warranted.
- 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. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.
- 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 annually, sooner if clinical signs arise.

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)