



PATIENT PRESENTING CLINICAL SIGNS

Cricket Gatti History: Recheck echo. History mild bi-atrial enlargement suggesting possible unclassified cardiomyopathy on prior echocardiogram. Cricket is doing well at home; good appetite and normal activity level.

SPECIES -Pertinent previous echo findings (9/30/21 MML): LA 1.4 cm; LA:Ao 1.4; LV 1.64 cm; IVS 0.44 cm; PW 0.39 cm; mild bi-atrial enlargement mild left ventricular endocardial fibrosis.
Feline

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall dimensions are normal. There is mild fibrosis of the endocardium. The endocardium appears mildly remodeled. The papillary muscles appear hyperechoic and normal in dimension.

SEX

Female Spayed

Left atrium: The left atrium is mildly enlarged. No obvious smoke or thrombi seen.

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

AGE

12 years

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.

WEIGHT

10.4lbs

Right atrium: The right atrium is mildly enlarged.

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.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

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

2-Dimensional Measurements

Ao diam (cm)	0.94
LA diam (cm)	1.48
LA:Ao (Swe)	1.58
IVS thickness (cm)	0.44
LVID diastole (cm)	1.67
PW thickness (cm)	0.40
LVID systole (cm)	0.89
FS (%)	47

Doppler Measurements

PV Vmax (m/s)	0.98
AoV Vmax (m/s)	NM
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

INTERPRETATION OF THE FINDINGS

Compared to the prior study, the findings are similar. Mild biatrial enlargement is unchanged and the LV wall dimensions stable. The systolic function is intact, and no obvious additional issues are identified.

HOSPITAL NAME

Norfolk County
Veterinary Service

REFERRING VET

Dr. Richards

Given these findings, prognosis remains guarded. No obvious indication for medications at this time. Patient may be at risk for progression to CHF, development of blood clots and/or malignant arrhythmias in the future.

INVOICE

23707

DATE

4/15/22

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- 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



PATIENT

Cricket Gatti

unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, 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.

SPECIES

Feline

- Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

BREED

DSH

PLAN

- Recommend recheck echocardiogram in 6-12 months to screen for progression.

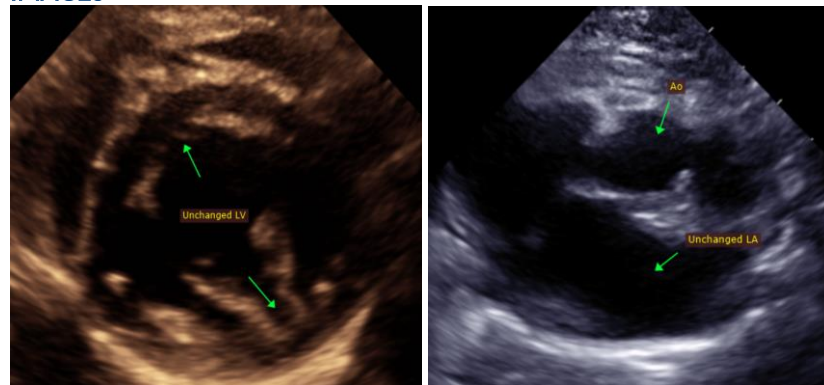
SEX

Female Spayed

IMAGES

AGE

12 years



WEIGHT

10.4lbs

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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.

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.

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