



PATIENT
Zoey Salas

PRESENTING CLINICAL SIGNS

History: Elevated ProBNP on routine lab work. No heart murmur/arrhythmia heard. Would like to pursue dental for fractured canine tooth. ProBNP 412. Euthyroid.

SPECIES
Feline

ECHOCARDIOGRAM FINDINGS

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

BREED
Ragdoll

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall dimensions are borderline. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and mildly hypertrophied. The endocardium appears mildly remodeled.

SEX
Female Spayed

Left atrium: The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.

AGE
11 years

Mitral valve: The mitral valve appears normal. Mild systolic anterior motion is suspected with an intermittent LVOTO. No significant mitral regurgitation.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Minimal aortic outflow velocity elevation with a dynamic profile. No aortic insufficiency.

WEIGHT
13lbs

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.

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 220bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.0
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.52
LVID diastole (cm)	1.2
PW thickness (cm)	0.53
LVID systole (cm)	0.6
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.66
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Falmouth Animal
Hospital

INTERPRETATION OF THE FINDINGS

Mild abnormalities are identified in this study. The LV wall thickness is borderline in dimension, which may suggest early hypertrophic disease. Additionally, a mild LVOTO is suspected, although no murmur is reported. These findings may suggest early hypertrophic disease or may simple be a normal variant. Follow up is advised to determine clinical significance. No additional issues are identified.

REFERRING VET

Dr. Switzer

Given these findings, the risk the complication is low. In the absence of a significant obstruction, Atenolol is not indicated at this time. Prognosis is guarded until progression is assessed.

INVOICE
30261

DATE
4/17/23



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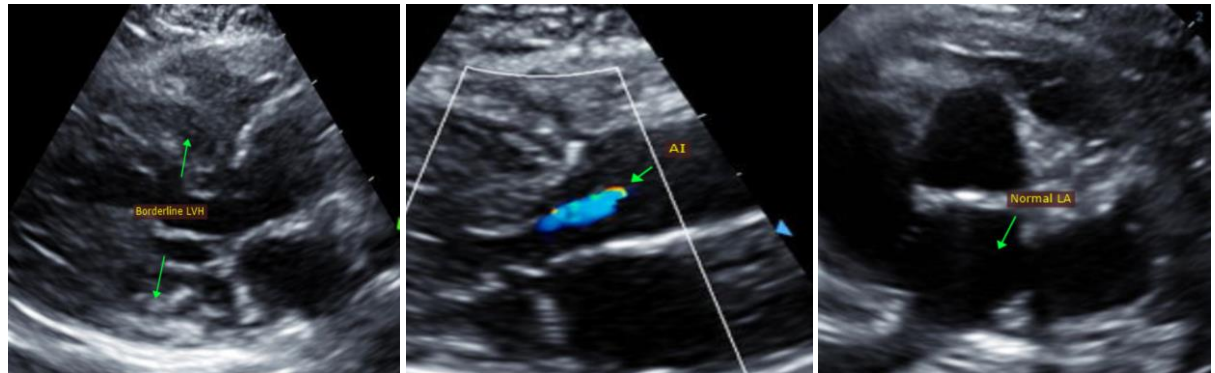
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Monitor BP and T4 every 6 months.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).
- 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.

PLAN

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

Maggie Machen Lamy, DVM
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 info@sonopath.com

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