



PATIENT

Pigeon Milstein

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

7 years

WEIGHT

12.81lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

30318

DATE

4/18/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM. Presently, Pigeon is doing well at home with a good appetite and normal activity level. On exam: NSR, grade III/VI parasternal murmur, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2. BP: 128mmHg. Current medications: Atenolol 25mg 1/4 tab daily -No sedation for study.
-Pertinent previous echo findings (8/31/22 MML): LA 1.8 cm; LA:Ao 2.0; IVS 0.75 cm; PW 0.51 cm; moderate LAE, moderate MR, SAM of MV, irregular LV wall thicknesses, significant basilar septal thickening, LVOT Vmax 3.5 m/s.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with adequate function. The LV wall thicknesses are irregular with a significant basilar septal thickening. The remainder of the LV is mildly thickened. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium appears mildly remodeled.
Left atrium: The left atrium is moderately dilated with a horizontal component. No obvious spontaneous contrast or thrombi seen.
Mitral valve: The mitral valve is normal with evidence of systolic anterior motion. Moderate eccentric mitral regurgitation is seen.
Aortic valve/Aorta: The aortic valve is normal. Mildly elevated aortic outflow velocity; secondary to SAM. Dynamic profile. 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 effusion. Suspect small pocket of pleural effusion;
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 188bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.7
LA:Ao (Swe)	1.9
IVS thickness (cm)	0.69
LVID diastole (cm)	1.4
PW thickness (cm)	0.55
LVID systole (cm)	0.6
FS (%)	57

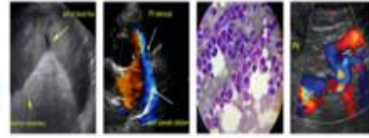
Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	2.4
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Hypertrophic Obstructive Cardiomyopathy (HOCM) persists with findings similar to the previous exam. The LV wall thickness is unchanged with stable moderate LA dilation. The LVOTO is slightly improved, and no additional issues are identified.

Given these findings, continue Atenolol as prescribed. The target heart rate is slightly elevated, which should be monitored closely as a dose change may be warranted. Plavix was previously recommended, although can be difficult to administer. This should still be



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utilized if possible. No obvious need for additional medications at this time. Prognosis remains guarded long term with high risk for CHF, blood clot event, malignant arrhythmias and/or sudden death in the future.

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RECOMMENDATIONS

- Continue Atenolol as prescribed, ensuring heart rate maintains between 140-160bpm.
- Consider addition of anti-coagulant Plavix/Clopidogrel 75mg tabs (if easily medicated); Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).
- 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.).

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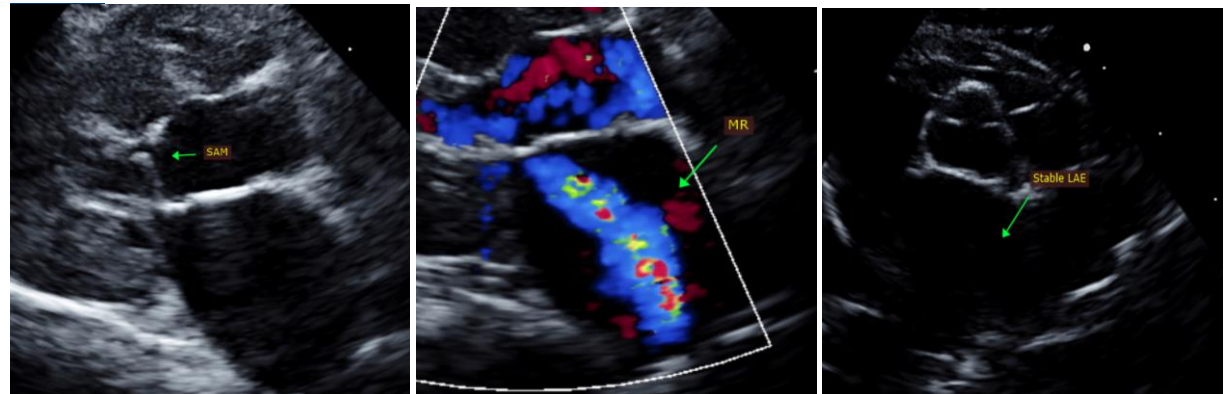
- Recommend recheck echocardiogram in 6 months to continue to screen for progression, sooner if any issues arise in the interim.

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IMAGES

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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.

HOSPITAL NAME

Mass Veterinary Services

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.

REFERRING VET

Dr. Masloski

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Echocardiogram performed by:

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

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