



PATIENT

Happy Rhoades

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

17 years

WEIGHT

10lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Wignall Animal
Hospital

REFERRING VET

Dr. Thomas

INVOICE

30492

DATE

4/28/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History focal septal thickening on prior echocardiogram. History systemic hypertension - on Amlodipine 1.25mg, 1 tab SID. Doing well clinically. Grade V/VI heart murmur.

-Pertinent previous echo measurements (9/22/22 MML) : LA 1.1cm, LA:Ao 0.9, IVS 0.64 cm, PW 0.38 cm.

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 irregular with normal dimensions overall. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic.

Left atrium: The left atrium is mildly dilated. No obvious spontaneous contrast or thrombi seen.

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

Aortic valve/Aorta: The aortic valve is normal. Trivial 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 188bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.4
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.51
LVID diastole (cm)	1.3
PW thickness (cm)	0.40
LVID systole (cm)	0.4
FS (%)	64

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	NM
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is evidence of mild progression. The focal septal bulge is no longer appreciated, which may be due to adequate blood pressure control. That being said, the LA is slightly enlarged suggesting there may be risk for complication going forward. No additional issues are identified at this time.

Given these findings, continued treatment of systemic hypertension is recommended lifelong. No additional medications are warranted at this time. No cause for a grade 4 murmur is appreciated, which is somewhat concerning. Routine monitoring is recommended.



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Prognosis is guarded, due to the highly variable rates of progression with subclinical feline cardiomyopathy.

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RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Continue Amlodipine to effect (target <150mmHg in hospital).
- Monitor BP and T4 every 6 months.
- 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). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.
- Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.
- 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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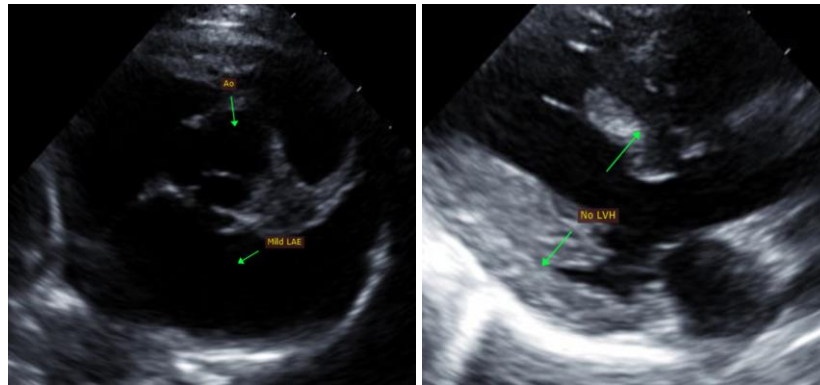
PLAN

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

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.

REFERRING VET

Dr. Thomas

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.

INVOICE
 30492

Maggie Machen Lamy, DVM
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DATE

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



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