



PATIENT

Handkerchief
Kedziora

SPECIES

Feline

BREED

Siamese

SEX

Male Neutered

AGE

5 years

WEIGHT

15.31lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

30043

DATE

4/4/23

PRESENTING CLINICAL SIGNS

History: Hank was seen towards the end of March for coughing. Chest films revealed a diffuse broncho-interstitial pattern and mild cardiomegaly. Occasional sneeze. Good appetite and remains active and playful. His resting respiratory rate at home ranges from 22-28. Normal thyroid level. BP: 140mmHg x 5. On exam: NSR, no murmurs noted, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2. *Sedated with propofol for study.

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 mildly increased symmetrically. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. False tendon.

Left atrium: The left atrium is mildly enlarged. 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 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.

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 230bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.5
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.67
LVID diastole (cm)	1.5
PW thickness (cm)	0.60
LVID systole (cm)	0.7
FS (%)	53

Doppler Measurements

PV Vmax (m/s)	0.53
AoV Vmax (m/s)	0.83
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

HCM is a rule out diagnosis, once hypertension and hyperthyroid disease are ruled out. In this normotensive cat, consider a thyroid assessment if not recently performed.

Regardless, the degree of disease is mild, with mild LVH and mild LA dilation. Prognosis is guarded, due to the highly variable rates of progression with subclinical feline cardiomyopathy.

These findings do not explain a reported cough and primary respiratory issues are considered more likely.



PATIENT

Handkerchief
Kedziora

SPECIES

Feline

BREED

Siamese

SEX

Male Neutered

AGE

5 years

WEIGHT

15.31lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

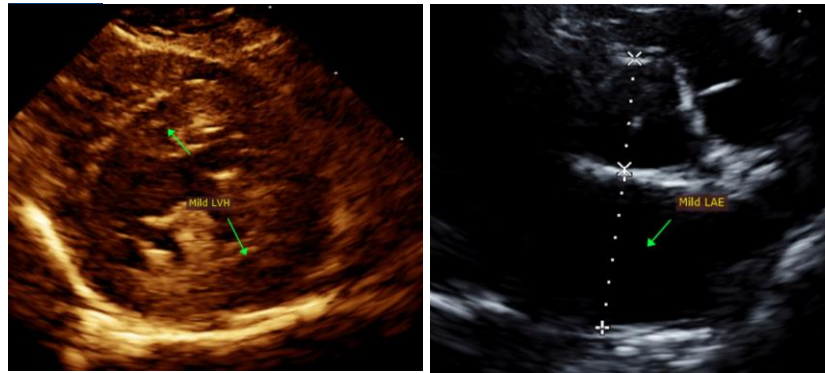
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- 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, and 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.).

PLAN

- Recommend recheck echocardiogram in 6-12 months to screen for progression, sooner if any clinical signs arise in the interim.

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

Echocardiogram performed by:

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

INVOICE

30043

DATE

4/4/23

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski