



PATIENT
Finnegan Bonderman

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
11 years

WEIGHT
11.25lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
23472

DATE
4/5/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM, stable. Current presentation: Finnegan is presently doing well with a good appetite and activity level. On exam: gallop rhythm, grade III/VI murmur noted best on sternum, PSS, lung fields clear, compressible thorax. BP: 110-120 mmHg. No medications. *Sedated with propofol for study.
-Pertinent previous echo findings (10/6/21 MML): LA 1.5 cm; LA:Ao 1.5; IVS 0.66 cm; PW 0.59 cm; mild LAE; no SAM; LVH with remodeling; LVOT 1.5 m/s.

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 dimensions are mildly increased (IVS > PW). There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are normal. The endocardium appears mildly remodeled.
Left atrium: The left atrium is borderline dilated. No smoke or thrombi seen.
Mitral valve: The anterior leaflet of the mitral valve appears normal. No obvious systolic anterior motion is seen on 2D imaging. Trivial eccentric MR.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. 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.
Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Dynamic RVOT obstruction suspected on color 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 200bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.3
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.68
LVID diastole (cm)	1.2
PW thickness (cm)	0.60
LVID systole (cm)	0.5
FS (%)	58

Doppler Measurements

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Persistently stable disease is seen on this exam. The LV remains mildly hypertrophied, and the LA dimension is actually improved slightly. No obvious LVOTO is noted, and no additional issues are identified.

Given these findings, no medications remain indicated. Prognosis is guarded given minimal LA enlargement.



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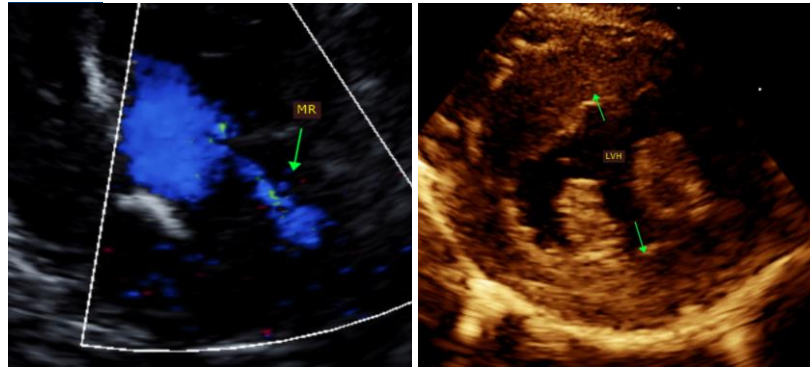
RECOMMENDATIONS

- No medications are indicated.
- Screening BP/T4 q6 months.
- Anesthetic risk is considered mildly elevated, 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).
- 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 assess rate of progression, sooner if any issues 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.

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Echocardiogram performed by:

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