



PATIENT

Harley Gagnon

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

9 years

WEIGHT

13.25lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM with slight improvement on prior echo. Current presentation: Harley is doing very well with no problems. He is eating well and his activity level remains normal with no exercise intolerance. On exam: NSR, no murmurs noted, PSS, lung fields clear. BP: 140-150mmHg. Medications: 1) atenolol 25mg 1/4 tab daily 2) spironolactone 25mg 1/4 tab twice a day 3) Lasix/furosemide 12.5mg 1/2 tab twice a day 4) Plavix/clopidogrel 75mg 1/4 tab daily *No sedation for study.

-Pertinent previous echo findings (6/8/21 MML): LA 1.6 cm; LA:Ao 1.5; IVS 0.59 cm; PW 0.61 cm; moderate LAE; SAM; LVH with regional irregularity and extensive remodeling; resolution of LVOT obstruction (1.2 m/s).

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal. The LV wall thicknesses are mildly increased with regions of irregularity. There is a diffusely hyperechoic endocardium with extensive remodeling. The papillary muscles are hyperechoic and hypertrophied.

Left atrium: The left atrium is moderately dilated. No obvious smoke.

Mitral valve: The mitral valve is mildly elongated which systolic anterior motion noted. Mild eccentric MR secondary to SAM.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocities. No aortic insufficiency is seen.

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. 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 150bpm.

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

23473

DATE

4/5/22

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.6
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.60
LVID diastole (cm)	1.67
PW thickness (cm)	0.66
LVID systole (cm)	0.8
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.84
AoV Vmax (m/s)	1.2
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 wall dimensions are similar with an irregular morphology. The LA remains mild to moderately dilated, although stable overall. The heart rate appears well controlled and the LVOTO is minimal.

Given these findings, no change to the current medications are indicated.



PATIENT
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Prognosis remains guarded long term given the severity of disease and history of CHF. Most cats are able to maintain a good QOL for an average of 8-12 months following the diagnosis of CHF and institution of diuretic therapy.

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RECOMMENDATIONS

- Continue Lasix, Plavix, Spironolactone, and Atenolol as prescribed.
- Monitor at home for any respiratory signs and/or evidence of blood clot event.
- Anesthetic risk is considered moderately elevated, and judicious IV fluid rates are advised to avoid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary. Avoid excessive vasodilation as this may worsen the obstruction (avoid acepromazine).

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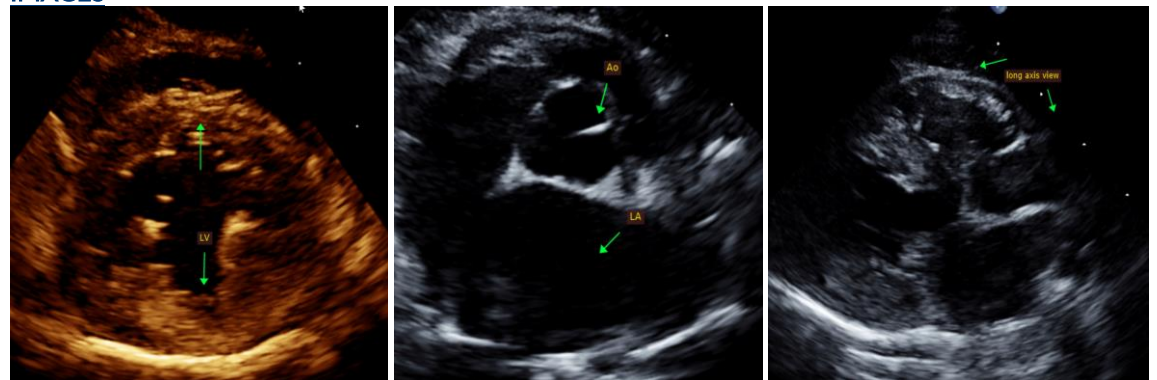
- Monitor renal values and blood pressure every 3-4 months.
- Recommend recheck echocardiogram in 6-8 months to continue to screen for progression, sooner if clinically signs arise.

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DACVIM (Cardiology)

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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.

HOSPITAL NAME

Mass Veterinary Services

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REFERRING VET

Dr. Masloski

Echocardiogram performed by:

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

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