



PATIENT

Maui HTS

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

1 year

WEIGHT

6.9 lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

24137

DATE

5/10/22

PRESENTING CLINICAL SIGNS

History: Maui presents with history of heart murmur and anemia. His stools are soft but have been watery in the past. At this point, Maui is eating well which he was not previously. No current C/S/V/PU/PD. 4th March 2022: whole body radiographs----> cardiomegaly, broncho-interstitial pattern throughout chest; decreased abdominal detail, stool/gas in colon. BW: RBC 3.18; Hct 18.5; Hgb 5.2. On auscultation: NSR, grade III/VI parasternal murmur, PSS, lung fields clear, compressible thorax . *No sedation for study

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is mildly increased with mildly depressed myocardial function. The LV wall thicknesses are irregular without hypertrophy. There is a diffusely hyperechoic endocardium consistent with atypical fibrosis. False tendons. The papillary muscles are remodeled and hyperechoic.

Left atrium: The left atrium is mildly dilated; however, bulbous in appearance. No obvious smoke 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. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Normal RV.

Right atrium: Mild right atrial enlargement.

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 210bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.5
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.41
LVID diastole (cm)	1.8
PW thickness (cm)	0.48
LVID systole (cm)	1.1
FS (%)	35

Doppler Measurements

PV Vmax (m/s)	0.96
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The finding of biatrial enlargement in the face of normal LV wall thickness, LV fibrosis and systolic dysfunction is most consistent with Restrictive Cardiomyopathy (RCM). This is largely unexpected in a young cat, and likely reflects silent congenital disease. Some prior infectious or inflammatory insult to the myocardium is also possible. No additional issues are identified, and no cause for the murmur is appreciated.

The finding of atrial dilation and early systolic dysfunction confers risk for progression in the future and use of Pimobendan (off label use) should be considered. No additional medications are indicated at this time; however, close follow-up is advised.



PATIENT

Maui HTS

The long-term prognosis is guarded; however, there is a highly variable rate of progression in cats with subclinical disease. There will always remain risk for progression to CHF and development of blood clots in the future. Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

SPECIES

Feline

RECOMMENDATIONS

- If able, recommend institute Pimobendan (off label use) 1.25mg PO q12h.
- Anesthetic risk is considered moderately elevated, and judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids and/or fluid therapy should be avoided lifelong unless absolutely necessary.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes, collapse and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

BREED

DSH

SEX

Male Neutered

AGE

1 year

PLAN

- Recheck echocardiogram in 6 months, sooner if clinical signs arise.

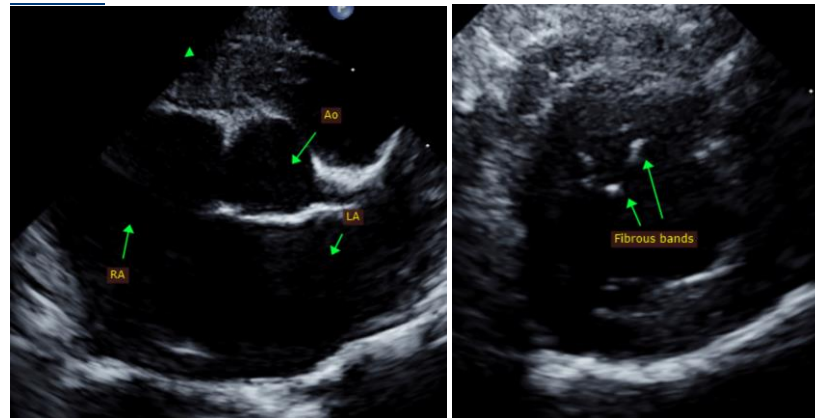
WEIGHT

6.9 lbs

IMAGES

INTERPRETED BY

Maggie Machen Lamy, DVM
DACVIM (Cardiology)



IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

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. Masloski

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

24137

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

DATE

5/10/22

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