



PATIENT
Cathy Rodriguez

PRESENTING CLINICAL SIGNS

History: Occasional coughing; r/o allergy vs cardiac, vs asthma. Radiographs: cardiomegaly, mild diffuse bronchial pattern.

SPECIES
Feline

ECHOCARDIOGRAM FINDINGS

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

BREED
DSH

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are normal. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are normal. The endocardium appears remodeled.

SEX
Female Spayed

Left atrium: The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.

AGE
10 years

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

WEIGHT
9.5lbs

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 188bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.2
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.32
LVID diastole (cm)	1.38
PW thickness (cm)	0.30
LVID systole (cm)	0.53
FS (%)	61

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

INTERPRETATION OF THE FINDINGS

Overtly normal geriatric cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. There is remodeling and fibrosis of the left ventricular wall, which is considered normal for this age cat. No additional issues are identified.

HOSPITAL NAME

Pine Banks Animal
Hospital

REFERRING VET

Dr. Jabar

Given these findings, the cough is certainly noncardiac in origin with further respiratory evaluation/treatment recommended.

INVOICE

24328

RECOMMENDATIONS

- No medications are indicated.
- No cardiac contraindication for general anesthesia. Any senior cat is at risk for fluid overload and/or steroid intolerance and monitoring of breathing rates is advised in either instance.

DATE

5/22/22



PATIENT
 Cathy Rodriguez

- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

SPECIES
 Feline

- PLAN**
- Recheck echocardiogram in 1 year to assess for any progressive issues and screen for development of disease.

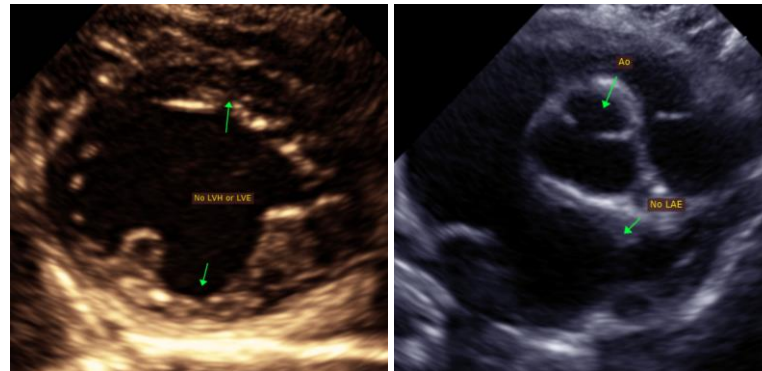
BREED
 DSH

SEX
 Female Spayed

AGE
 10 years

WEIGHT
 9.5lbs

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.

INTERPRETED BY
 Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

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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IMAGING PERFORMED BY
 Pamela Harrigan,
 RDCS

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 Hospital

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