



**PATIENT**

Cricket Gatti

**SPECIES**

Feline

**BREED**

Ragdoll

**SEX**

Female Spayed

**AGE**

13 years

**WEIGHT**

11.4lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Norfolk County  
Veterinary Services

**REFERRING VET**

Dr. Richards

**INVOICE**

30603

**DATE**

5/4/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History possible unclassified cardiomyopathy. Doing well with no clinical concerns. BP: 140, 150, 153mmHg.

-Pertinent previous echo findings (4/15/22 MML): LA 1.48 cm, LA:Ao 1.58, LV 1.67 cm, IVS 0.44 cm, PW 0.40 cm. Mild LAE/RAE, LV endocardial remodeling.

**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 normal. There is mild fibrosis of the endocardium. The endocardium appears mildly remodeled. The papillary muscles appear hyperechoic and normal in dimension.

**Left atrium:** The left atrium is mildly enlarged. 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 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 mildly enlarged.

**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 160bpm.

**2-Dimensional Measurements**

Ao diam (cm)	0.9
LA diam (cm)	1.3
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.39
LVID diastole (cm)	1.4
PW thickness (cm)	0.51
LVID systole (cm)	0.75
FS (%)	47

**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**

Persistently stable disease. No progressive atrial enlargement is seen, and systolic function remains intact. No additional issues have developed.

Given these findings, prognosis remains guarded; however, stability over serial exams is certainly a good sign. No obvious indication for medications at this time. Patient may be at risk for progression to CHF, development of blood clots and/or malignant arrhythmias in the future.



**PATIENT**

Cricket Gatti

**SPECIES**

Feline

**BREED**

Ragdoll

**SEX**

Female Spayed

**AGE**

13 years

**WEIGHT**

11.4lbs

**INTERPRETED BY**

Maggie Machen Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Norfolk County Veterinary Services

**REFERRING VET**

Dr. Richards

**INVOICE**

30603

**DATE**

5/4/23

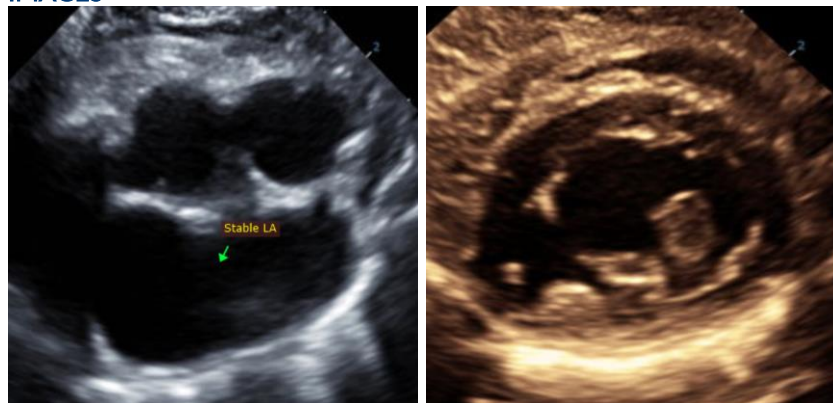
**RECOMMENDATIONS**

- Given these findings, no medications are indicated.
- 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). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.
- Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

**PLAN**

- Recommend recheck echocardiogram annually, sooner if clinical signs arise.

**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](http://4paus.com))