



PATIENT PRESENTING CLINICAL SIGNS

Oliver Scott

History: Oliver was noted to have a heart murmur in December 2020. A ProBNP level at that time was 90. A recheck of his ProBNP in February revealed it to be 190. Thyroid level in February was within normal range. Frequent vomiting. He was started on Plavix with the increased ProBNP. Oliver has a good appetite and activity level. On exam: NSR, grade III/VI parasternal murmur, PSS, lung fields clear, compressible thorax. BP: 130mmHg x 5. Current medications: Plavix/clopidogrel 75mg 1/4 tab daily *Sedated with propofol for study

SPECIES

Feline

BREED ECHOCARDIOGRAM FINDINGS

DLH

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

SEX

Male Neutered

Left ventricle: The LV diameter is normal with adequate myocardial function. The septum measures normal and the free wall measures borderline. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and mildly hypertrophied. The endocardium appears mildly remodeled.

AGE

5 years

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

Mitral valve: The mitral valve is mildly elongated. Mild systolic anterior motion is seen with mild secondary mitral regurgitation.

WEIGHT

12.63lbs

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Minimal aortic outflow velocity elevation with a dynamic profile. 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 mild tricuspid regurgitation.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity.

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.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.3
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.46
LVID diastole (cm)	1.3
PW thickness (cm)	0.58
LVID systole (cm)	0.57
FS (%)	56

Doppler Measurements

PV Vmax (m/s)	0.55
AoV Vmax (m/s)	2.2
MR Vmax (m/s)	NM
TR Vmax (m/s)	NM
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

24512

DATE

6/1/22

INTERPRETATION OF THE FINDINGS

Mild abnormalities are identified in this study. The free wall is borderline in dimension; however, the remainder of the LV is normal. Additionally, a mild LVOTO is seen as the cause of the murmur with mild secondary MR. These findings may suggest early hypertrophic disease or may simply be a normal variant. Follow up is advised to determine clinical significance. No additional issues are identified.

Given these findings, the risk the complication is low. There is no indication for Plavix prior to significant atrial dilation and this can be safely discontinued. In the absence of a



PATIENT
Oliver Scott

significant obstruction, Atenolol is not indicated at this time. Prognosis is guarded until progression is assessed.

SPECIES
Feline

RECOMMENDATIONS

- Given these findings, no medications are indicated, and **Plavix can be discontinued.**
- Monitor BP and T4 every 6 months.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).
- 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, 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.

BREED
DLH

SEX
Male Neutered

AGE
5 years

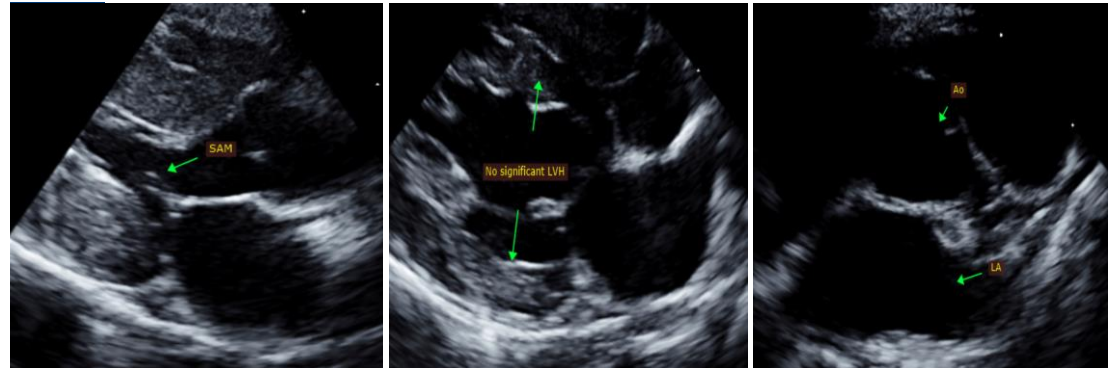
PLAN

- Recommend recheck echocardiogram in 6-12 months to reassess murmur origin and screen for progressive LVH.

WEIGHT
12.63lbs

IMAGES

INTERPRETED BY
Maggie Machen Lamy, DVM
DACVIM (Cardiology)



IMAGING PERFORMED BY
Pamela Harrigan, RDCS

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.

HOSPITAL NAME
Mass Veterinary Services

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.

REFERRING VET
Dr. Masloski

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Echocardiogram performed by:

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

DATE
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