



PATIENT

Max Russo

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

14 years

WEIGHT

7.37lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

31335

DATE

6/14/23

PRESENTING CLINICAL SIGNS

History: Max was adopted one month ago. He has some broken teeth as well as dental abscesses. He is drinking water but not eating much at all and is scheduled for oral surgery in July/August. On exam: NSR, no obvious murmurs noted though purring loudly, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2. BP: 140-150mmHg. Currently, no medications. *Sedated with propofol for study.

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 thickness is normal with regions of irregularity. There is significant fibrosis of the endocardium. The endocardium appears remodeled. The papillary muscles appear hyperechoic and normal in dimension. A perimembranous VSD is suspected just below the aortic valve. Complete aneurysmal closure, without flow crossing the defect.

Left atrium: The left atrium is normal. 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. Trace 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 trace tricuspid regurgitation.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Mildly elevated RVOT velocity with a dynamic profile.

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.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.3
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.53
LVID diastole (cm)	1.1
PW thickness (cm)	0.51
LVID systole (cm)	0.4
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	2.4
AoV Vmax (m/s)	NM
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Essentially normal geriatric cardiac structure and function are identified. Remodeling fibrosis of the left ventricular wall is likely an age-related variant with no significant valve leaks identified. Trace AI is noted; however, the reported BP is normal. As an incidental finding, there is a VSD present with complete aneurysmal closure. This indicates that no flow is crossing into the RVOT, making this of little hemodynamic consequence. A dynamic RVOT obstruction is identified, which may cause a murmur depending on heart rate/volume status. This is a benign flow abnormality. No additional issues are identified.

Prognosis is open, given essentially normal age-related findings seen here.



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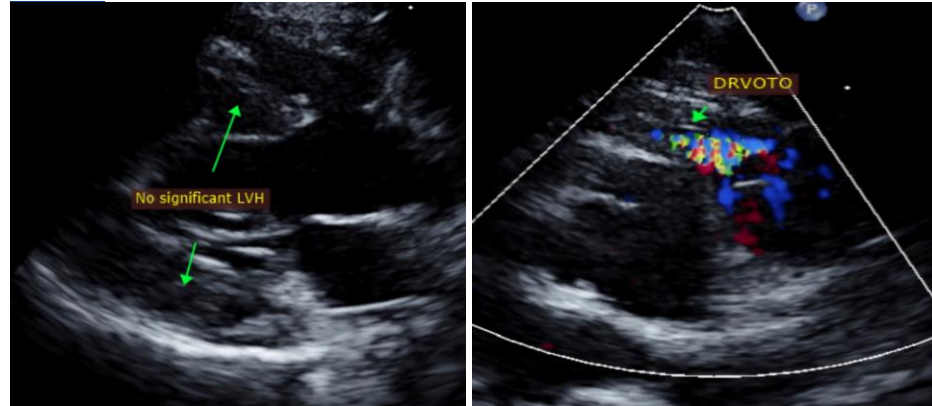
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any cat should be monitored for intolerance (changes in RR/RE).
- 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 in 1 year to assess for any progressive issues or development of disease the pre-existing murmur may mask.

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

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