



PATIENT
Luna Mulvaney

PRESENTING CLINICAL SIGNS

History: Recheck echo. History mitral valve dysplasia with mild LVOTO. Presently, doing well clinically. On Atenolol 2.5 mg/ml, 1 ml BID. BP: 125, 121, 131mmHg.
-Pertinent previous echo findings (10/6/22 MML): LA 1.1cm, LA:Ao 1.4, LV 1.3 cm, IVS 0.54 cm, PW 0.49, mild LAE, mild MR, LVOT Vmax 2.8 m/s, irregular LV wall thickness minimal LVH.

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 somewhat irregular with minimal hypertrophy. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly hypertrophied. The endocardium appears mildly remodeled.

SEX
Female Spayed

Left atrium: The left atrium is normal dilated. No spontaneous contrast or thrombi seen.
Mitral valve: The anterior leaflet of the mitral valve is mildly elongated with no significant thickening. No abnormal anterior motion is seen during systole. Chordal SAM. No MR.

AGE
1 year

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mildly elevated LVOT outflow velocities with a dynamic profile. No aortic insufficiency.

WEIGHT
10lbs

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.

Pulmonary 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.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	0.94
LA diam (cm)	1.06
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.51
LVID diastole (cm)	1.28
PW thickness (cm)	0.45
LVID systole (cm)	0.62
FS (%)	51

Doppler Measurements

PV Vmax (m/s)	0.60
AoV Vmax (m/s)	0.93
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Wignall Animal
Hospital

INTERPRETATION OF THE FINDINGS

Mitral valve dysplasia persists, with improvement on atenolol. The LVOT obstruction has resolved, and the LA is now normal. No MR is seen; however, a small chordal SAM remains. Fortunately this reflects a positive response which is great news. No additional issues are identified.

REFERRING VET

Dr. Harvey

Long term prognosis remains guarded; however, with a positive response to beta blockade some MV dysplasia cases can essentially normalize. Lifelong monitoring is recommended.

INVOICE

31382

RECOMMENDATIONS

- Continue atenolol as prescribed ensuring the stressed rate maintains 140-160bpm 12-24 hours post-administration.
- Anesthetic risk is considered mildly elevated, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be

DATE

6/16/23



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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.
 - 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

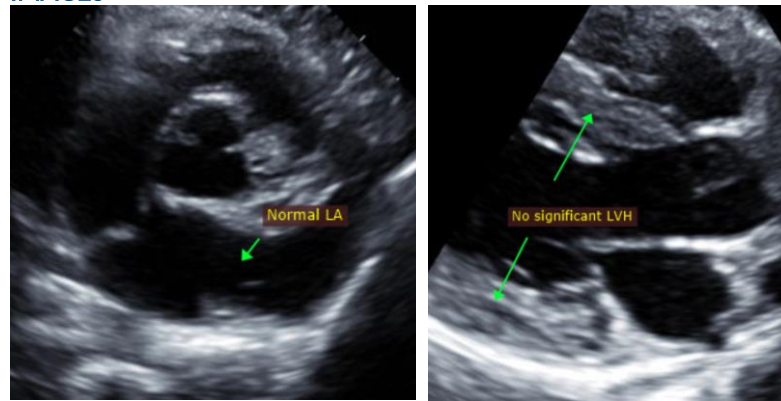
PLAN

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

BREED
 DSH

IMAGES

SEX
 Female Spayed



AGE
 1 year

WEIGHT
 10lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM
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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.

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

Maggie Machen Lamy, DVM
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 info@sonopath.com

HOSPITAL NAME

Wignall Animal
 Hospital

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

REFERRING VET

Dr. Harvey

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