



PATIENT **PRESENTING CLINICAL SIGNS**
 Greg Rinaldi History: History of asthma. Grade II/VI murmur and arrhythmia heard on auscultation. Cat is lethargic, hypoxic, and has severe dental disease. BP: 231, 236mmHg

SPECIES **ECHOCARDIOGRAM FINDINGS**
 Feline 2D, m-mode, color flow and Doppler imaging is available.
BREED **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 mild fibrosis. The endocardium appears mildly remodeled. The papillary muscles are mildly hypertrophied.

DSH **Left atrium:** The left atrium is mildly increased in size. No obvious spontaneous contrast or thrombi seen.
SEX **Mitral valve:** The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. Trace MR.
 Male Neutered **Aortic valve/aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

AGE **Right ventricle:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.
 14 years **Right atrium:** The right atrium is normal in dimension.

WEIGHT **Tricuspid valve:** The tricuspid valve appears normal with trace tricuspid regurgitation.
 8.5lbs Normal velocity.

INTERPRETED BY **Pulmonic valve/pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.
 Maggie Machen Lamy, DVM
 DACVIM (Cardiology) **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)	0.94
LA diam (cm)	1.43
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.51
LVID diastole (cm)	1.3
PW thickness (cm)	0.45
LVID systole (cm)	0.7
FS (%)	48

Doppler Measurements

PV Vmax (m/s)	0.97
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Pine Banks Animal Hospital

REFERRING VET

Dr. Emara

INVOICE

24867

DATE

6/20/22

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function. There is mild remodeling and fibrosis of the left ventricular wall, which most likely represents a normal variant. What is more concerning is the LA measures mildly enlarged, which may be indicative of early restrictive or unclassified disease or again may be a normal variant. No matter the categorical diagnosis, a cat with any degree of LA enlargement should be followed up closely, as there is evidence of increasing LA pressure which may progress in the future. Serial echocardiography will be necessary to determine progression. No cause for the murmur is identified in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.).



PATIENT
 Greg Rinaldi

No obvious arrhythmias are appreciated on this exam. Consider a full ECG evaluation if ausculted in the future. Finally, no cardiac contribution to hypoxia is suspected based upon these findings. Consider CXR if indicated.

SPECIES
 Feline

The reported blood pressure is elevated, and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc), as primary disease is relatively uncommon and a rule out diagnosis.

BREED
 DSH

SEX

Male Neutered

AGE

14 years

WEIGHT

8.5lbs

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Reassess BP as discussed. Consider extended ECG, CXR.
- The risk for general anesthesia is low, however heart rate stimulating drugs such as atropine, glycopyrrolate, etc. should be avoided unless medically necessary. With mild LA dilation there may be an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc).

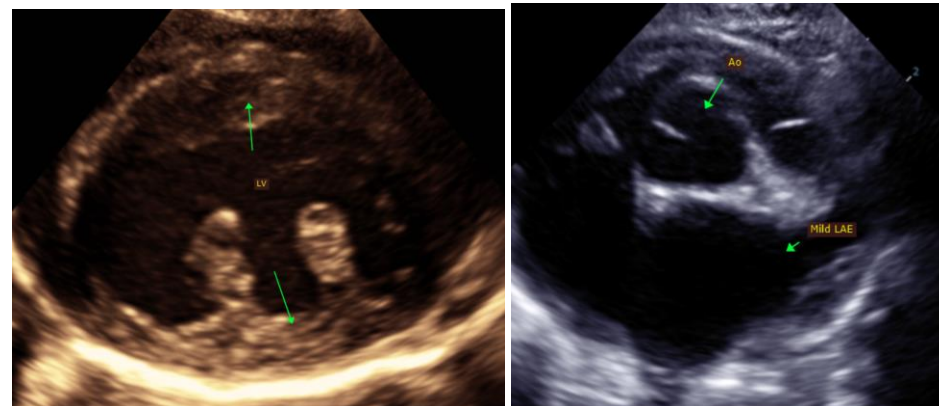
INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

PLAN

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

IMAGES



IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

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 Hospital

REFERRING VET

Dr. Emara

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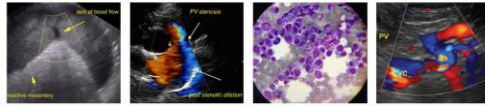
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

Greg Rinaldi

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SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

14 years

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