



PATIENT

Oliver Rogers

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

5 years

WEIGHT

10.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

31437

DATE

6/20/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM. Presently, Oliver is doing well with a good appetite and activity level. On exam: NSR, grade II/VI parasternal murmur, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2. Current medications: 1) Atenolol 25mg/ml 0.25mls daily 2) MiraLAX 1/8 to 1/4 tsp daily *Sedated with propofol for study.
-Pertinent previous echo findings (12/20/22 Carley Saelinger, DVM, DACVIM-C): LA 1.06 cm; LA:Ao 1.39, IVS 0.53 cm; PW 0.67 cm; normal LA size, severe concentric LVH, LVOT Vmax 4.34 m/s.

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 thicknesses are mildly increased with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles appear mildly hypertrophied. The endocardium appears mildly remodeled.

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

Mitral valve: The mitral valve is normal in structure. Systolic anterior motion is seen on 2D and color flow imaging. Trace eccentric mitral regurgitation.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Significantly elevated aortic outflow velocity; 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 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)	1.0
LA diam (cm)	1.0
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.57
LVID diastole (cm)	1.1
PW thickness (cm)	0.66
LVID systole (cm)	0.6
FS (%)	45

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	4.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Stable hypertrophic obstructive cardiomyopathy (HOCM) persists. The wall thickness is similar compared to the prior study without LA enlargement. The LVOTO remains significant; however, given a lack of progression structurally no changes are warranted. No additional issues are identified.

Given these findings, continue Atenolol going forward.

Prognosis remains guarded; however, it is certainly encouraging this patient has done well thus far.



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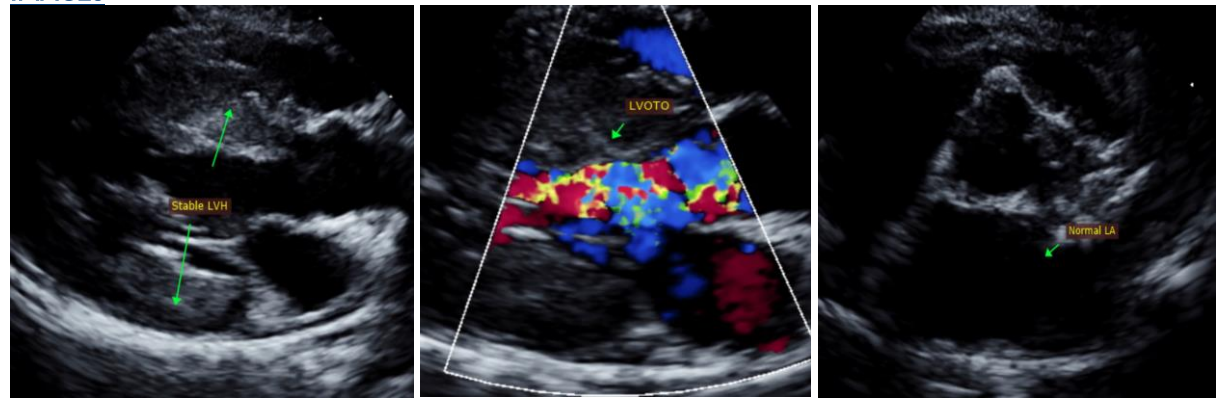
RECOMMENDATIONS

- Continue Atenolol as prescribed. No additional medications are indicated.
- Monitor BP/T4/HR every 6 months lifelong.
- Risk for general anesthesia is mild, and judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- Recommend recheck echocardiogram in 6-12 months to continue to screen for progression.

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)