



PATIENT

Roscoe Wadkins

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

9 years

WEIGHT

17.94lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

24889

DATE

6/21/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History progressive HOCM; history frequent APCs. Current presentation: Roscoe is doing well at home with no concerns. His appetite and activity level remain normal. On exam: NSR, grade II/VI murmur best noted on sternum, PSS, lung fields clear. BP not obtained. Current medications: 1) Atenolol 25mg 1/4 tab twice a day 2) Plavix 75mg 1/4 tab daily 3) Lasix/furosemide 12.5mg 1 tab twice a day *Sedated with propofol for study.

-Pertinent previous echo findings (9/15/21 Maggie Machen Lamy, DVM, DACVIM-cardiology): LA 2.8 CM; LA:Ao 2.8; IVS 0.60 cm; PW 1.1 cm; marked LAE with spontaneous contrast; asymmetric LVH with remodeling and fibrosis; LVOT Vmax 1.0 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 asymmetric with marked free wall hypertrophy and borderline septal thickening. There is a diffusely hyperechoic endocardium with extensive remodeling. The papillary muscles are hyperechoic and hypertrophied.

Left atrium: The left atrium is markedly dilated with obvious spontaneous contrast. Concern for early thrombus formation in the auricle.

Mitral valve: The mitral valve appears normal with no obvious systolic anterior motion noted. Mild to moderate MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. Trace aortic insufficiency is seen.

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.

Heart rhythm: ECG reveals an irregular rhythm with an average HR of 230bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	3.6
LA:Ao (Swe)	3.9
IVS thickness (cm)	0.5
LVID diastole (cm)	1.37
PW thickness (cm)	0.91
LVID systole (cm)	0.77
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.61
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Hypertrophic Obstructive Cardiomyopathy (HOCM) persists with continued evidence of progression. The LA is markedly progressively dilated, with concern for early thrombus formation. The LV is similar to previous, without obvious dysfunction. Finally, small volume pericardial effusion is noted which is concerning for active congestion.



PATIENT
Rosco Wadkins

Given the severity of changes seen here and finding of effusion, recommend medication adjustments as below. The HR is quite high on the ECG; however, I would not change the atenolol dose at this time.

SPECIES
Feline

Prognosis is grave long term with high risk for CHF, malignant arrhythmias and/or sudden death going forward. That being said, an asymptomatic patient is encouraging and my hope is we can maintain stability for the short term.

BREED
DSH

RECOMMENDATIONS

- Continue Plavix and atenolol as prescribed.
- Increase Lasix to 12.5mg q8h.
- Close monitoring of breathing rates at home.
- Monitor at home for any respiratory signs and/or evidence of blood clot event.
- Elective anesthesia is not advised.

SEX
Male Neutered

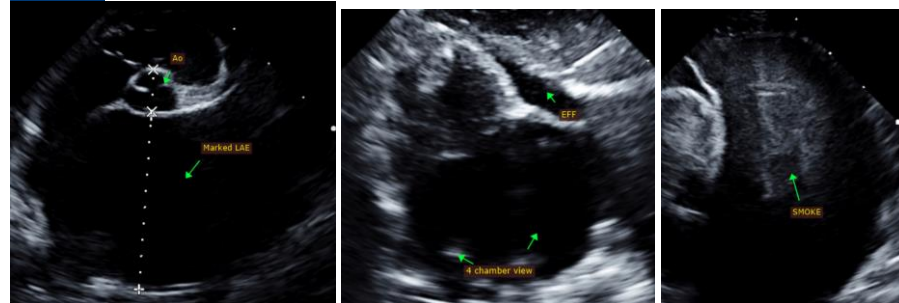
AGE
9 years

PLAN

- Monitor renal values in 1-2 weeks, then every 3-4 months lifelong.
- Recommend recheck echocardiogram in 6 months to continue to screen for progression, sooner if clinically signs arise.

WEIGHT
17.94lbs

IMAGES



INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

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.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

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

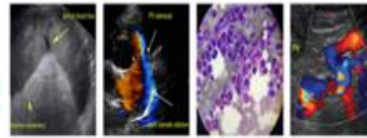
Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

Echocardiogram performed by:

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

INVOICE
24889

DATE
6/21/22



PATIENT

Rosco Wadkins

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

9 years

WEIGHT

17.94lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

24889

DATE

6/21/22