



PATIENT

Sage Gronski

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

11 years

WEIGHT

11.9lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

24897

DATE

6/21/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Currently, Sage is presently doing well but does vomit if he eats too quickly. Occasional coughing noted. Sage is otherwise eating well with a normal activity level. On exam: NSR, grade III/VI murmur noted best on sternum, PSS, lung fields clear, compressible thorax. BP: 110-120 mmHg. Medications: 1) Methimazole 5 mg, 1/2 tab BID 2) Plavix 75 mg, 1/4 tab daily 3) Atenolol 25 mg, /4 tab BID 4) Spironolactone 25 mg, 1/4 tab BID 5) Pimobendan 3.75 mg, 1/3 tab BID *No sedation for study.
-Pertinent previous echo findings (5/26/20 Maggie Machen Lamy, DVM, DACVIM-Cardiology: LA 1.7 cm; LA:Ao 1.9; IVS 0.59 cm; PW 0.69 cm; moderate LAE; SAM of MV; LVH with posterior wall preponderance; LVOT Vmax 3.95 m/s.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 20mm/mV. The average heart rate is 188bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. Isolated VPCs throughout; 3 in a 2min tracing. No supraventricular ectopic beats, pauses or dysrhythmias observed. ECG diagnosis: Normal sinus rhythm with respiratory variation.

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 significant focal posterior wall hypertrophy and thinning of the IVS. There is a diffusely hyperechoic endocardium with extensive remodeling. The papillary muscles are hyperechoic and hypertrophied.

Left atrium: The left atrium is severely dilated. No obvious smoke.

Mitral valve: The mitral valve is mildly elongated which systolic anterior motion noted. Mild eccentric MR secondary to SAM.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Severely elevated aortic outflow velocity due to SAM with a dynamic profile. 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 trace 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 a sinus rhythm with an average HR of bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	2.1
LA:Ao (Swe)	2.3
IVS thickness (cm)	0.41
LVID diastole (cm)	2.0
PW thickness (cm)	0.69
LVID systole (cm)	0.8
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	3.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA



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INTERPRETATION OF THE FINDINGS

Hypertrophic Obstructive Cardiomyopathy (HOCM) persists with evidence of progression. The septum is thinned comparatively, with severe LA dilation developing. No additional issues are identified.

Even without reported issues, recommend low dose Lasix given these findings. This is due to severe LA dilation and high risk for acute decompensation. Patient will always be at risk for spontaneous CHF, development of arrhythmias and/or sudden death going forward.

Isolated VPCs are noted on the ECG. These are likely due to significant structural disease and stress, and do not warrant treatment at this time. Monitor for signs of sustained arrhythmias, such as acute syncope or lethargy.

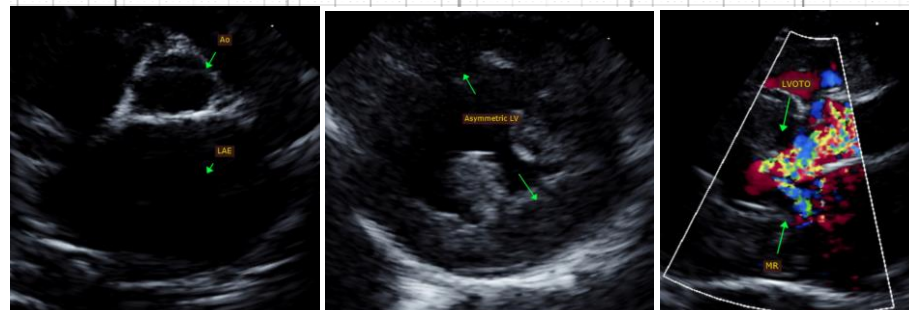
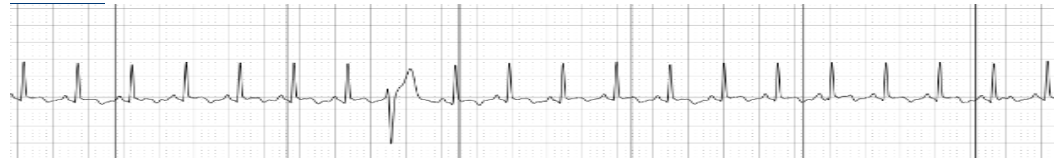
RECOMMENDATIONS

- Continue Plavix , Pimobendan, Atenolol, Spironolactone as prescribed.
- Institute Lasix 1mg/kg PO q12h.
- Monitor at home for any respiratory signs and/or evidence of blood clot event.
- Anesthetic risk is considered moderately elevated, and judicious IV fluid rates are advised to avoid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary. Avoid excessive vasodilation as this may worsen the obstruction (avoid acepromazine).

PLAN

- Monitor renal values/BP 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.

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



PATIENT findings or if I can be of any further assistance, please contact me.

Sage Gronski

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

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Echocardiogram performed by:

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

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