



PATIENT
Valentino O'Connor

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
13 years

WEIGHT
12.5lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary
Services

REFERRING VET
Dr. Masloski

INVOICE
24891

DATE
6/21/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History Unclassified Cardiomyopathy, stable on prior study. Current presentation: Valentino is presently doing well at home. Thyroid level in April WNL. Good appetite and activity level. Dental disease. On exam: NSR, grade III/VI murmur noted best on sternum, PSS, lung fields clear, compressible thorax. BP: 160 mmHg x 4. Medications: 1) Felimazole 2.5mg 2 tabs twice a day 2) Plavix 75mg 1/4 tab daily 3) Gabapentin 2 capsules for visit *Sedated with propofol for study.
-Pertinent previous echo findings (12/8/21 Maggie Machen Lamy, DVM, DACVIM-cardiology): LA 1.4 cm LA:Ao 1.5; LV 1.5 cm; IVS 0.52 cm; PW 0.47 cm; mild LAE; LV endocardial fibrosis, remodeled papillary muscles.

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 largely normal with a slight septal thickening. False tendon. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled, atrophied and asymmetric. The endocardium appears remodeled.
Left atrium: The left atrium is mildly dilated and bulbous in appearance. No obvious spontaneous contrast or thrombi seen.
Mitral valve: The mitral valve appears largely normal; however, mild stenosis is suspected on inflow doppler and 2D imaging. No obvious systolic anterior motion is seen. Mild to moderate MR.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. 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 mildly dilated.
Tricuspid valve: The tricuspid valve appears normal with mild tricuspid regurgitation. Normal velocity.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Mild 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 200bpm.

2-Dimensional Measurements

Ao diam (cm)	0.8
LA diam (cm)	1.5
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.6
LVID diastole (cm)	1.5
PW thickness (cm)	0.41
LVID systole (cm)	0.7
FS (%)	55

Doppler Measurements

PV Vmax (m/s)	0.56
AoV Vmax (m/s)	1.44
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.1
TR PG (mmHg)	18

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is a slight increase in LA dimension. There is also a borderline septal bulge not previously noted; however, this is clinically insignificant. previously. No additional issues are identified.



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Given these findings, continue Plavix as previously recommended.

SPECIES

Feline

Prognosis remains guarded, with risk for CHF, blood clot events, arrhythmias, etc. going forward.

BREED

DSH

RECOMMENDATIONS

- Continue Plavix as prescribed.
- Anesthetic risk remains moderately elevated if needed. Judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be 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. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

AGE

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PLAN

- A recheck echocardiogram is recommended in 6 months to continue to assess for progression, sooner if clinical signs arise in the interim.

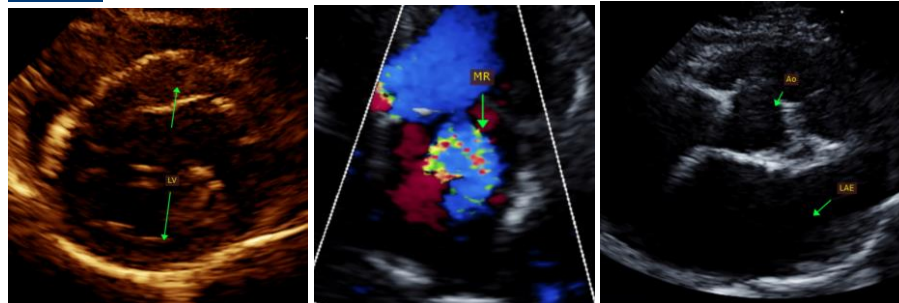
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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INVOICE

24891

Echocardiogram performed by:

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

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