



PATIENT

Lil Lady Diaz

SPECIES

Feline

BREED

DSH

SEX

Female Intact

AGE

2 years

WEIGHT

7lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History AV septal defect. Presently, Lil Lady is doing well, active and playful. She does have issues with peeing outside of the litter box - query related to being intact. Echocardiogram prior to spay. BP: 110 mmHg x 3. *Sedated with propofol for study. -Pertinent previous echo measurements (7/12/22 MML): LA 1.2 cm; LA:Ao 1.3, LV 1.1 cm.

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 normal with regions of remodeling. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are normal. A small inlet VSD is visualized with flow into the atria consistent with a gerbode defect; high velocity (4.11m/s).

Left atrium: The left atrium is normal. No obvious spontaneous contrast or thrombi seen. A large defect is seen in the atrial septum in the region of the septum primum (ostium primum ASD).

Mitral valve: The mitral valve appears mildly elongated although not particularly thickened. No obvious SAM is identified.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. No aortic insufficiency.

Right ventricle: The right ventricle is severely dilated. No obvious RVH.

Right atrium: The right atrium is severely dilated.

Tricuspid valve: The tricuspid valve appears thickened and elongated consistent with dysplasia. Mild tricuspid regurgitation.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow. MPA and branches are markedly dilated.

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.

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.2
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.34
LVID diastole (cm)	1.16
PW thickness (cm)	0.36
LVID systole (cm)	0.70
FS (%)	42

Doppler Measurements

PV Vmax (m/s)	0.80
AoV Vmax (m/s)	0.91
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

REFERRING VET

Dr. Masloski

INVOICE

31581

DATE

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INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are similar. Subjectively the right heart does appear progressively dilated, which is concerning for CHF in the future. Marked MPA dilation is unchanged, and the remainder of the study is normal.

Given these findings, recommend reconsider use of medications at this juncture (Plavix and Pimobendan as previously discussed). Additionally spironolactone may be beneficial given severe RH enlargement.



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This patient is at high risk for malignant arrhythmias going forward; however, no abnormalities are clearly identified.

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The prognosis is guarded long term as this will likely limit lifespan with progression to CHF in the future. Patient will always be at risk for recurrent CHF (likely right-sided), development of arrhythmias, blood clot events, syncope and/or sudden death in the future.

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RECOMMENDATIONS

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- Consider Plavix/Clopidogrel (as previously discussed) 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).
- Consider Pimobendan 1.25mg PO q12h.
- Consider spironolactone 6.25mg PO q12h.
- Lifelong mild activity restriction is advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised. If elect to proceed, there is high risk for fluid overload, spontaneous CHF, hypotension, etc. Consider use of an anesthesiologist as the gold standard. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and dexdomitor. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.
- Monitor for development of a cough, labored breathing, exercise intolerance, collapse episodes or signs of a blood clot event.

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PLAN

- A recheck echocardiogram is recommended annually, sooner if clinical issues arise in the interim.

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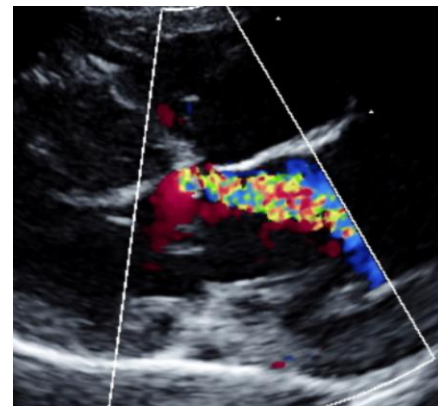
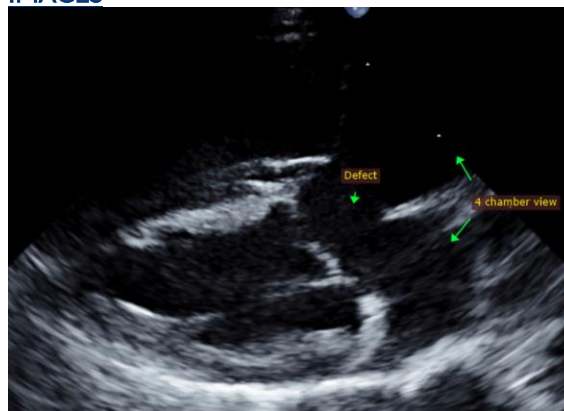
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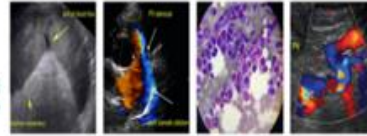
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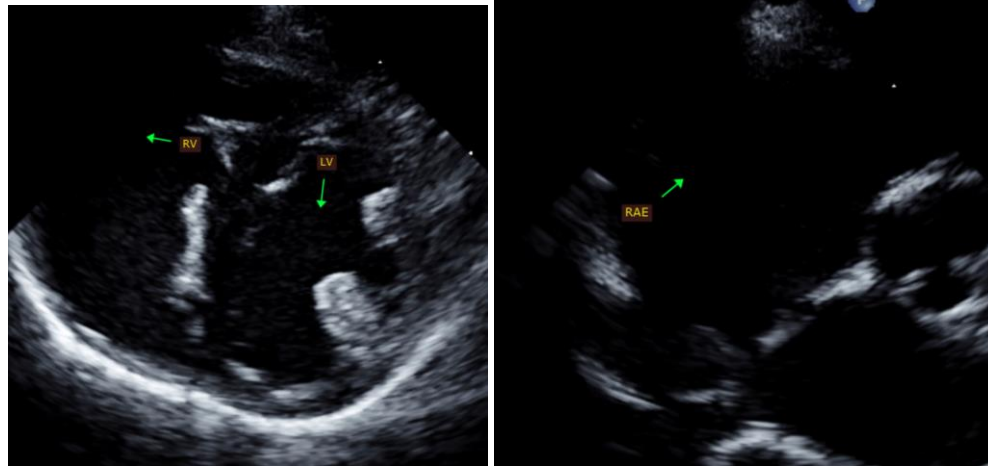
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

INTERPRETED BY

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Echocardiogram performed by:

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

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