



PATIENT
Melody Nolin

PRESENTING CLINICAL SIGNS

History: Melody is referred to evaluate a heart murmur. Good appetite and normal activity, but she tends to be a rather passive feline. Grade I/VI sternal murmur. BP: 120mmHg x 5. *Sedated with propofol for study.

SPECIES
Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

BREED
DSH

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are highly asymmetric with a normal septum and severely thickened free wall. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied and slightly asymmetric. False tendon.

SEX

Female Spayed

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

AGE

9 years

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. Mild MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. 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.

WEIGHT

13lbs

Tricuspid valve: The tricuspid valve appears normal with trace 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.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.35
LA:Ao (Swe)	1.35
IVS thickness (cm)	0.44
LVID diastole (cm)	1.2
PW thickness (cm)	0.88
LVID systole (cm)	0.7
FS (%)	42

Doppler Measurements

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	NM
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

INTERPRETATION OF THE FINDINGS

HCM is a rule out diagnosis, once hypertension and hyperthyroid disease are ruled out. In this normotensive cat, thyroid disease should be considered. Regardless, the degree of disease is mild, with asymmetric LVH and mild LA dilation. Mild MR is the likely cause of the murmur, which is of little hemodynamic significance. No additional issues are identified.

REFERRING VET

Dr. Masloski

Prognosis is guarded, due to the highly variable rates of progression with subclinical feline cardiomyopathy.

INVOICE

25034

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Monitor BP and T4 every 6 months.

DATE

6/28/22



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- Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.
- Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

SPECIES
Feline

BREED
DSH

- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

SEX
Female Spayed

- Recommend recheck echocardiogram in 6-12 months to screen for progression, sooner if any clinical signs arise in the interim.

AGE

9 years

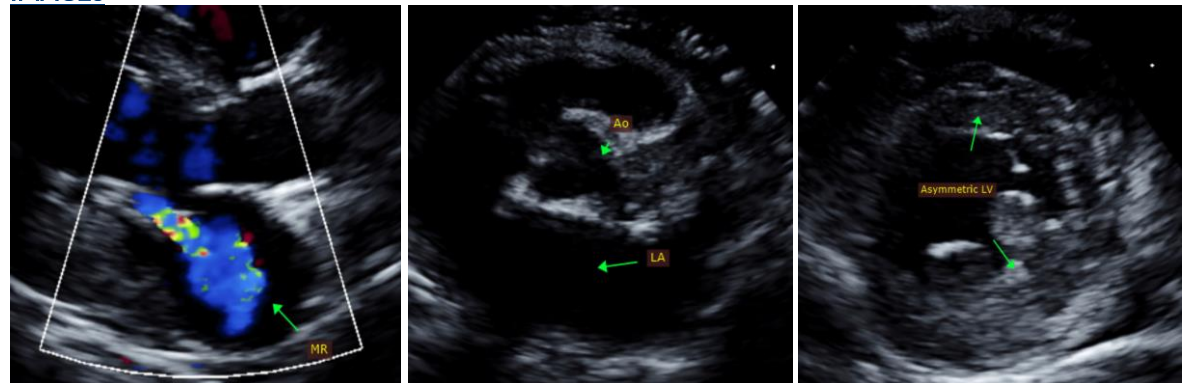
WEIGHT

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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.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

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.

HOSPITAL NAME

Mass Veterinary
Services

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

REFERRING VET

Dr. Masloski

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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