



**PATIENT**

Minos Tsitsirides

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

9 years

**WEIGHT**

12.4lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History HCM with enlarged papillary muscles with essentially normal wall thicknesses noted on prior echocardiogram 11/6/20 (Tai Casagrande, DVM, DACVIM-Cardiology). History FLUTD. Current presentation: Minos is doing well at home - good appetite and energy level. On exam: NSR, grade II/VI parasternal murmur, PSS, lung fields clear, compressible thorax. BP: 110mmHg.  
-Pertinent previous echo measurements: LA 1.38 cm; LA:Ao 1.39; IVS 0.52 cm; PW 0.47 cm; LVOT Vmax 1.16 m/s.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.  
**Left ventricle:** The LV wall dimensions are irregular; however, no obvious hypertrophy is identified. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and hyperechoic.  
**Left atrium:** The left atrium is mildly enlarged. No obvious spontaneous contrast or thrombi seen.  
**Mitral valve:** The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen.  
**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 normal in dimension.  
**Tricuspid valve:** The tricuspid valve appears normal with no 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 200bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.0
LA diam (cm)	1.4
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.47
LVID diastole (cm)	1.6
PW thickness (cm)	0.41
LVID systole (cm)	0.7
FS (%)	44

**Doppler Measurements**

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	1.1
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

**REFERRING VET**

Dr. Masloski

**INVOICE**

25023

**DATE**

6/28/22

**INTERPRETATION OF THE FINDINGS**

The primary abnormality identified is mild left atrial enlargement. The LV appears normal, albeit quite irregular; however, no hypertrophy is identified. It is worth noting that the LA was mildly dilated on the prior study as well and this may also be a normal variant for this patient. Regardless of categorial classification, follow up is advised give the unusual serial studies in this case. Monitoring for progression is advised.

Prognosis is guarded until progression is assessed. No obvious indication for medications at this time.



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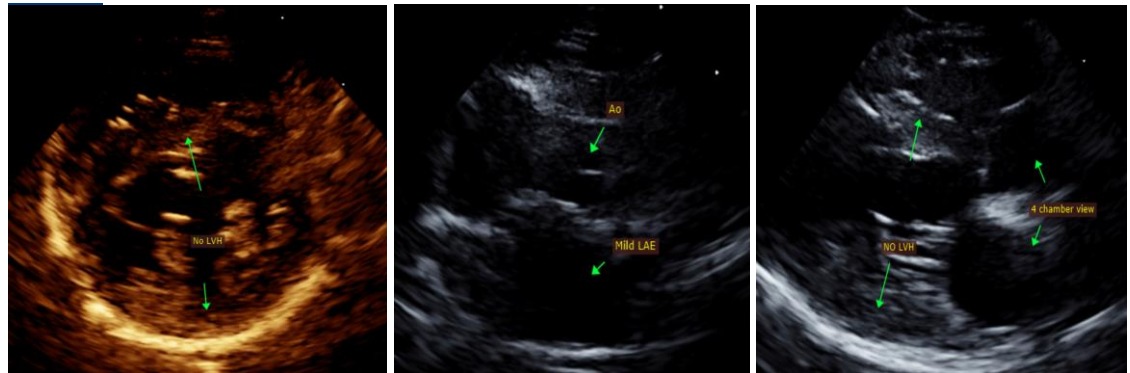
**RECOMMENDATIONS**

- Given these findings, no medications are indicated.
- 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). 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 at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

**PLAN**

- Recommend recheck echocardiogram in 6-12 months to assess for any progressive issues or development of disease the pre-existing murmur may mask.

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**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)

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