



PATIENT

Steerpike Burten

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

3 years

WEIGHT

12.94lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History mild bi-atrial enlargement with concern for early restrictive/unclassified cardiomyopathy on prior echocardiograms. Presently, Steerpike is doing well with a good appetite and normal activity level. He does have some open mouth breathing noted only on car rides, due to the stress. On exam, NSR, grade II/VI murmur with PMI on sternum, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<. BP: 120mmHg x 5. *Sedated with propofol for study.
-Pertinent previous echo findings (9/13/22 MML): LA 1.4 cm; LA:Ao 1.6, LV 1.6, mild LAE/RAE, no MR, no LVH, endocardial fibrosis and remodeling.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is borderline with adequate myocardial function. The LV wall thicknesses are irregular and slightly decreased without hypertrophy. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled and hyperechoic.

Left atrium: The left atrium is mildly dilated; however, bulbous in appearance. No obvious smoke or thrombi seen.

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

Aortic valve/Aorta: The aortic valve is normal. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Normal RV.

Right atrium: Mild right atrial enlargement.

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 125bpm.

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

31759

DATE

7/10/23

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.3
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.41
LVID diastole (cm)	1.56
PW thickness (cm)	0.46
LVID systole (cm)	0.8
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	0.76
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, the findings are similar. Mild biatrial enlargement is unchanged without obvious progression, which is a good sign. The LV remains unremarkable, and no additional issues have developed.

Given these findings, no medications are indicated at this time. Prognosis remains guarded; however, a lack of progression is certainly a good sign. There may be risk for progression to CHF and development of blood clots in the future. Monitoring is certainly



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advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

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RECOMMENDATIONS

- No medications are clearly indicated at this time.
- Anesthetic risk is considered mildly elevated, and 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, and isoflurane maintenance. Additionally, steroids and/or fluid therapy should be avoided lifelong unless absolutely necessary.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes, collapse and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

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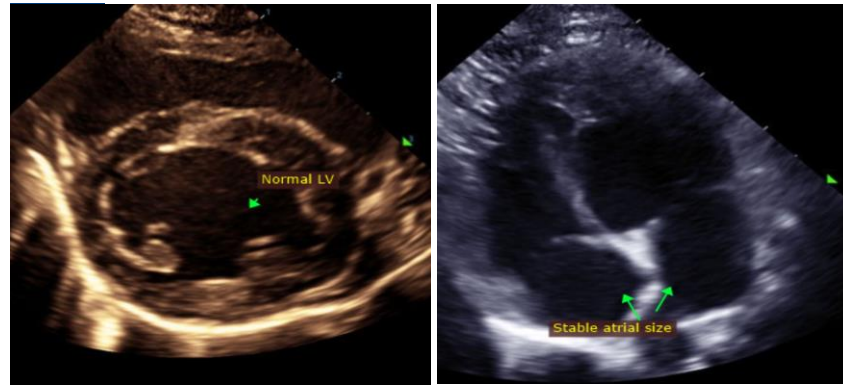
PLAN

- Recommend recheck echocardiogram in 1 year, sooner if clinical signs arise.

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IMAGES



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Maggie Machen Lamy, DVM
DACVIM (Cardiology)

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

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

Maggie Machen Lamy, DVM
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info@sonopath.com

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Echocardiogram performed by:

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

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