



**PATIENT**

Pixie Macdonald

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

6 years

**WEIGHT**

8.33lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

31781

**DATE**

7/11/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History Tetralogy of Fallot. Presently, Pixie has been sneezing occasionally, but no coughing. She is eating well and remains active. The owner reports she self limits her exercise at home. On exam: NSR, grade IV/VI parasternal murmur, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2. BP: 110 mmHg x 5. Current medications: 1) Atenolol 25mg 1/4 tab giving twice a day 2) Plavix/clopidogrel 75mg 1/4 tab daily---not giving consistently \*No sedation for study.  
-Pertinent previous echo measurements (7/27/22 MML): LA 0.9 cm; LA:Ao 1.0, LV 0.95 cm, PV Vmax 3.2 m/s.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** A muscular VSD (0.4cm) is identified with low velocity bidirectional flow; L-R 1.2m/s; R-L 1.3m/s. The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.

**Left atrium:** The left atrium is normal. No obvious spontaneous contrast.

**Mitral valve:** The mitral valve appears mildly elongated with abnormal motion. No mitral regurgitation visualized.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. The aortic root is mildly increased in size, with a mild overriding appearance. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

**Right ventricle:** The RV is minimally dilated with marked RV hypertrophy and remodeling.

**Right atrium:** Mild to moderate RA dilation.

**Tricuspid valve:** The tricuspid valve appears normal with trace tricuspid regurgitation.

**Pulmonic valve/Pulmonary artery:** The pulmonic valve is thickened with a tethered appearance. Trace pulmonic insufficiency. Velocity through the pulmonic valve is elevated, consistent with a pressure gradient of 40mmHg. The MPA is significantly dilated (1.2cm), with minimal branch dilation. Mild PI.

**Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 150bpm.

**2-Dimensional Measurements**

Ao diam (cm)	0.8
LA diam (cm)	1.1
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.43
LVID diastole (cm)	0.81
PW thickness (cm)	0.45
LVID systole (cm)	0.33
FS (%)	59

**Doppler Measurements**

PV Vmax (m/s)	3.2
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Persistently stable Tetralogy of Fallot. The VSD flow remains bi-directional (unchanged) with overall low velocity flow. The PV gradient is unchanged. The remainder of the study is stable without significant left heart disease.

Given these findings and a patient that is doing well at home, there is no obvious indication for additional medications at this time. Certainly, Plavix and Atenolol should be continued going forward.



**PATIENT**

Pixie Macdonald

Prognosis remains guarded to poor; however, an asymptomatic patient at 6 years old is certainly a good sign. Patient will always be at high risk for CHF (right or left-sided), development of blood clots, and/or malignant arrhythmias/sudden death in the future.

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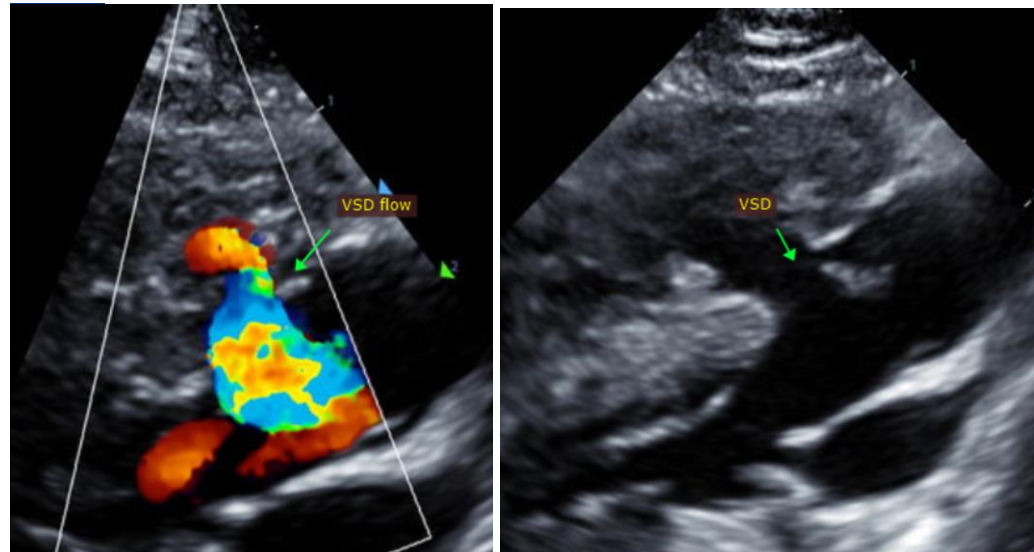
**RECOMMENDATIONS**

- Continue Plavix and Atenolol as prescribed.
- Elective anesthesia is not advised.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.). Monitoring of sleeping breathing rates at home is recommended as the best way to screen for progression to CHF at home.
- Elective anesthesia, fluid or steroid therapy should be avoided lifelong as able.

**PLAN**

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

**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.

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