



PATIENT

Tigger Pagluica

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

16 years

WEIGHT

10lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

31780

DATE

7/11/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM. Historical VPCs and SVT. Presently, Tigger is doing well but has been losing weight in spite of an increased appetite. On exam: NSR, grade IV/VI parasternal murmur, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2. BP: 120 mmHg x 3. Current medications: 1) Atenolol 25mg 1/4 tab daily 2) Methimazole/tapazole 5mg 1 tab daily 3) Plavix/clopidogrel 75mg 1/4 tab daily *No sedation for study.
-Pertinent previous echo findings (1/11/23 MML): LA 1.6 cm; LA:Ao 1.6; LV 1.3 cm; mild-moderate LAE, moderate LVH, severe papillary muscle hypertrophy, LVOT Vmax 2.3 m/s.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV chamber is normal with adequate myocardial function. The LV wall thicknesses are moderately increased. There is a diffusely hyperechoic endocardium consistent with fibrosis. False tendon. The papillary muscles are severely hypertrophied and hyperechoic. The endocardium appears mildly remodeled.

Left atrium: The left atrium is mild to moderately dilated. No smoke or thrombi seen.

Mitral valve: The anterior leaflet of the mitral valve appears normal. Systolic anterior motion is seen on 2D imaging. Mild eccentric MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mildly increased aortic outflow velocity with a dynamic profile. Trace 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.

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity.

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 166bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.6
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.73
LVID diastole (cm)	1.3
PW thickness (cm)	0.75
LVID systole (cm)	0.5
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	1.5
AoV Vmax (m/s)	2.9
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Persistently stable disease. The LV hypertrophy is unchanged and the LVOTO remains mild. The LA dimension is unchanged comparatively and no additional issues are identified.

Given these findings, continue atenolol and Plavix as prescribed. Prognosis remains guarded given the severity of disease in this senior cat; however, serial stability is certainly a good sign. Patient will always be at risk for progression to CHF, development of blood clots and/or sudden death in the future.



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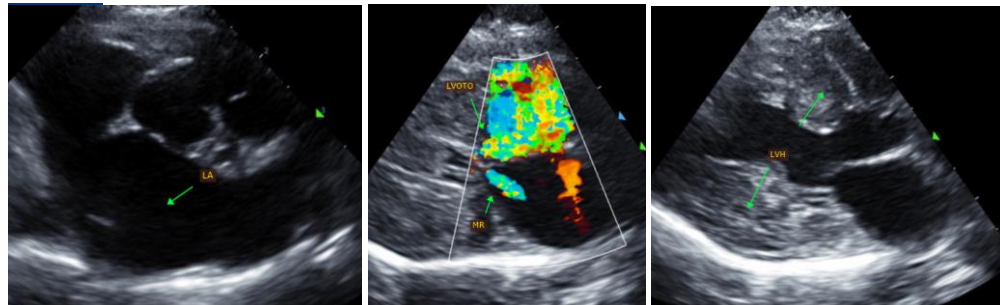
RECOMMENDATIONS

- Continue Plavix/atenolol as prescribed.
- Screening BP/T4 every 6 months.
- 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.).

PLAN

- Recommend recheck echocardiogram in 6 months to assess rate of progression, sooner if any issues 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.

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Echocardiogram performed by:

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