



**PATIENT**

Lil Lady Diaz

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Intact

**AGE**

1.9 years

**WEIGHT**

7.63lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History AV septal defect (endocardial cushion defect). Prior study 6/8/21 (read by Maggie Machen Lamy, DVM, DACVIM-Cardiology). Currently, doing well clinically. Good appetite; very playful. On exam: Grade II/VI heart murmur. BP: 100 mmHg x 2; 120mmHg x 3. No medications. \*Sedated with propofol for study (after ECG).

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are normal with regions of remodeling. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are normal. A small inlet VSD is visualized with flow into the atria consistent with a gerbode defect; high velocity (4.7m/s).

**Left atrium:** The left atrium is normal. No obvious spontaneous contrast or thrombi seen. A large defect (0.8cm) is seen in the atrial septum in the region of the septum primum (ostium primum ASD).

**Mitral valve:** The mitral valve appears mildly elongated although not particularly thickened. No obvious SAM is identified.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. No aortic insufficiency.

**Right ventricle:** The right ventricle is moderately dilated. No obvious RVH.

**Right atrium:** The right atrium is moderately dilated.

**Tricuspid valve:** The tricuspid valve appears thickened and elongated consistent with dysplasia. Mild tricuspid regurgitation.

**Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow. MPA and branches are markedly dilated.

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

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 188bpm.

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary  
Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

25273

**DATE**

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**2-Dimensional Measurements**

Ao diam (cm)	0.9
LA diam (cm)	1.2
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.36
LVID diastole (cm)	1.1
PW thickness (cm)	0.38
LVID systole (cm)	0.6
FS (%)	45

**Doppler Measurements**

PV Vmax (m/s)	0.93
AoV Vmax (m/s)	0.93
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.6
TR PG (mmHg)	28

**INTERPRETATION OF THE FINDINGS**

Largely unchanged complex congenital heart disease persists. Compared to the prior study, moderate right enlargement appears similar with marked MPA dilation. The pressure gradient is similar to previous, and the LA remains normal. Given these findings, it is reasonable to continue simple monitoring as discussed in the previous report. That being said, there is certainly some argument for use of Plavix in this case. Additionally, Pimobendan may have some potential long-term benefit, albeit speculative.

This patient is at high risk for maglinant arrythmias going forward; however, no abnormalities are clearly identified.



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The prognosis is guarded long term as this will likely limit lifespan with progression to CHF in the future. Patient will always be at risk for recurrent CHF (likely right-sided), development of arrhythmias, blood clot events, syncope and/or sudden death in the future.

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**RECOMMENDATIONS**

- Consider Plavix/Clopidogrel (as previously discussed) 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).
- Consider Pimobendan 1.25mg PO q12h.
- Lifelong mild activity restriction is advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised.
- Monitor for development of a cough, labored breathing, exercise intolerance, collapse episodes or signs of a blood clot event.

**PLAN**

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

**IMAGES**

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

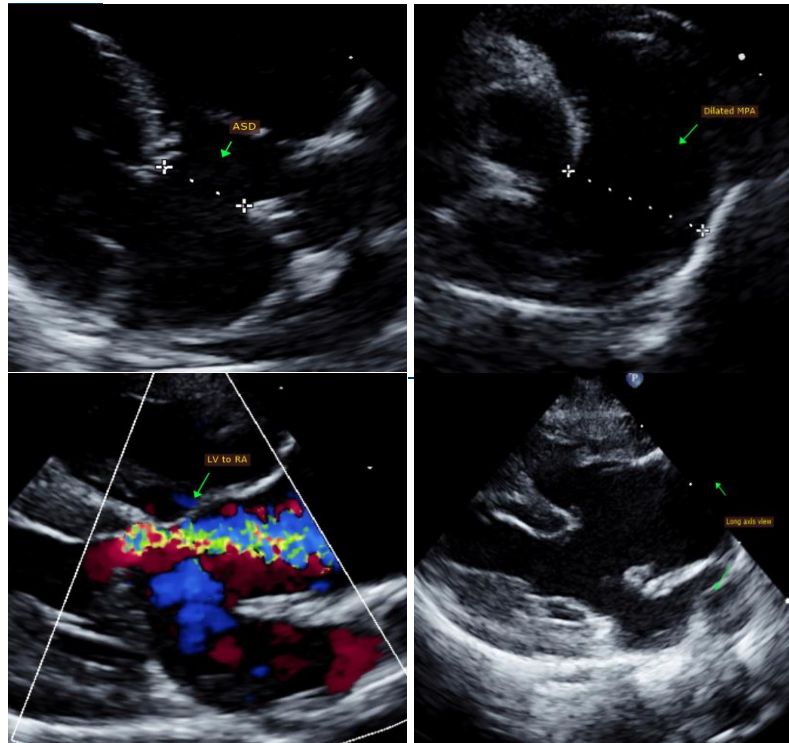
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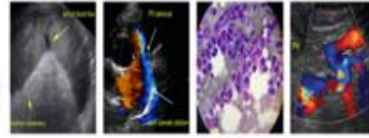
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Mass Veterinary  
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Feline

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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DSH

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

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

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