



PATIENT

Shadow Jaraslow

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

14 years

WEIGHT

10.2lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Wignall Animal
Hospital

REFERRING VET

Dr. Thomas

INVOICE

25314

DATE

7/14/22

PRESENTING CLINICAL SIGNS

History: Grade II/VI systolic murmur. Had an episode of elevated BP, stumbling and not holding head up. She recovered and is now doing well. BP: 105, 108, 120mmHg (after sedation). On Prednisolone 3 mg/ml - 0.6ml SID *Sedated with butorphanol.

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 asymmetry. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles appear hyperechoic. The endocardium is irregular.

Left atrium: The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.

Mitral valve: The mitral valve is normal in structure and mobility. Suspicion for mild systolic anterior motion on 2D and color flow imaging. No mitral regurgitation.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. 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 230bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.1
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.47
LVID diastole (cm)	1.3
PW thickness (cm)	0.40
LVID systole (cm)	0.5
FS (%)	62

Doppler Measurements

PV Vmax (m/s)	0.91
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Overtly normal structure and function are documented in this study. The LV wall thickness is normal albeit irregular, and there is no evidence of elevated left atrial pressure. The murmur appears to be due to mild intermittent LVOTO, which is of unknown significance at this time; however, monitoring is advised as this may be the first marker for HOCM in the future. There is remodeling and fibrosis of the left ventricular wall, which should be monitored for progression.

The prior acute episode of hypertension is unusual and cannot be commented on. What is seen here does not reflect chronic systemic hypertension; however, blood pressure monitoring is advised (ideally without sedation).

Prognosis is open prior to monitoring for progression.



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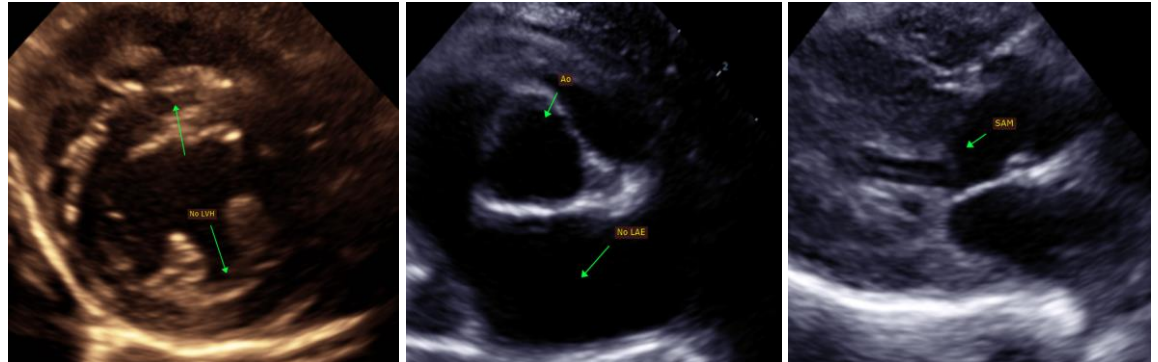
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised. Avoid heart rate stimulating drugs such as Atropine unless clinically indicated.
- Monitor for any change in breathing rate or effort, or signs of a blood clot event.

PLAN

- Recheck echocardiogram is recommended in 6-12 months to screen for progression.

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.

INTERPRETED BY

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