



PATIENT

Rosalee Bridget Gonsalves

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

15 years

WEIGHT

8.8lbs

INTERPRETED BY

Maggie Machen Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor Animal Hospital

REFERRING VET

Dr. Pietsch

INVOICE

25463

DATE

7/21/22

PRESENTING CLINICAL SIGNS

History: Patient is hyperthyroid and is well controlled on Methimazole 1.25mg BID. Patient also has systemic hypertension and was recently started on Amlodipine 1.25mg SID. Recent ProBNP 281. Radiography Results: Heart is rounded and slightly enlarged. Vessels WNL. No evidence of pulmonary edema. BP: 148, 151, 152 mmHg. Current medications: Methimazole 1.25mg BID. Amlodipine 1.25mg SID.

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 largely normal. There is minimal endocardial fibrosis. The papillary muscles appear normal.

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. No obvious systolic anterior motion is seen.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. 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 trace 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 160bpm.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.1
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.4
LVID diastole (cm)	1.38
PW thickness (cm)	0.46
LVID systole (cm)	0.66
FS (%)	52

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	0.8
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. There is mild remodeling and fibrosis of the left ventricular wall, which is considered normal.

An elevated BNP may be secondary to early fibrosis or may be a false positive (a known weakness of the test). Consider other causes of elevation, including hypertension. Monitoring is advised. Prognosis is open at this time. No evidence of chronic hypertension at this time.



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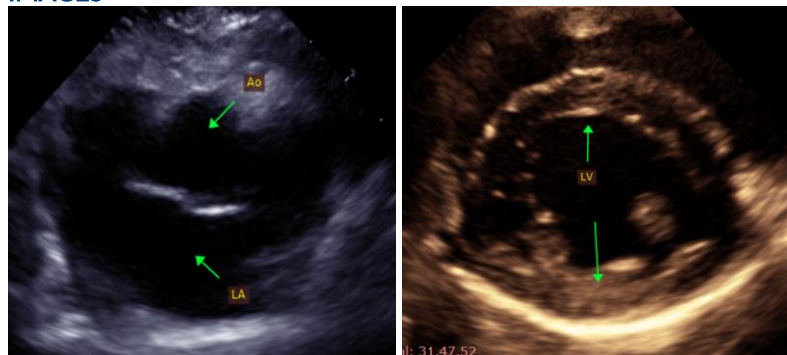
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia.
- 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 1 year to ensure no progressive issues are seen, sooner if a murmur or gallop is noted 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
 Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
 info@sonopath.com