



PATIENT

Cisco Thibeault

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

14 years

WEIGHT

12.38lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: History hyperthyroidism controlled on Methimazole/tapazole 5mg 1/2 tab in am with 1/4-tab pm. Recently note heart murmur. Needs dental prophylaxis. ProBNP done in March was elevated at 237. He is doing well at home with a good appetite and activity level. On exam: NSR, grade I/VI parasternal murmur, PSS, lung fields clear, compressible thorax. BP: 170mmHg x 5. *Sedated with propofol for study.

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

Left atrium: The left atrium is borderline 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 imaging. Mild mitral regurgitation associated with abnormal valve motion.

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 210bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.3
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.45
LVID diastole (cm)	1.4
PW thickness (cm)	0.45
LVID systole (cm)	0.85
FS (%)	39

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

25540

DATE

7/26/22

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/MR, 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.

Prognosis is open prior to monitoring for progression.



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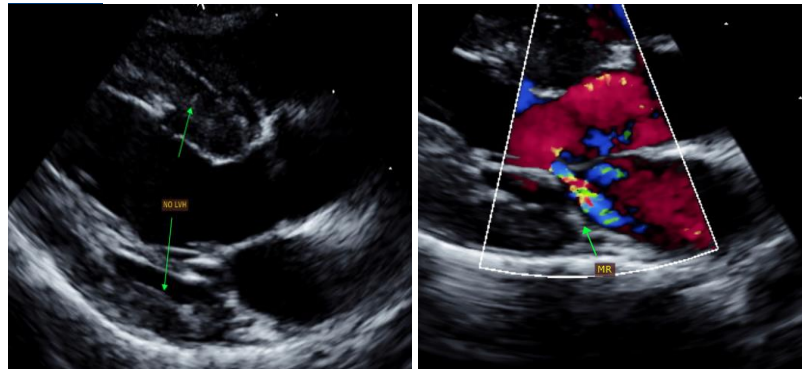
RECOMMENDATIONS

- 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.

Maggie Machen Lamy, DVM
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info@sonopath.com

Echocardiogram performed by:

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