



PATIENT

Marcella Raiche

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

5 years

WEIGHT

12.13lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

25539

DATE

7/26/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM, stable on prior echocardiogram. Currently, a thyroid level in March was normal but a ProBNP was 1500. Clinically, she is doing well with no concerns. Good appetite, active and playful. On exam: NSR, grade II/VI murmur noted best on sternum, PSS, lung fields clear, compressible thorax. BP: 80-90 mmHg. Current medications: 1) Atenolol 25mg 1/4 tab daily 2) Omega 3 fatty acids *No sedation 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 mild to moderately asymmetrically increased. Regions of thinning noted along the lateral wall. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles appear severely hypertrophied. The endocardium appears remodeled.

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

Mitral valve: The mitral valve is normal in structure and mobility. Systolic anterior motion is seen on 2D imaging. Trace eccentric 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 150bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.2
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.65
LVID diastole (cm)	1.2
PW thickness (cm)	0.73
LVID systole (cm)	0.3
FS (%)	75

Doppler Measurements

PV Vmax (m/s)	0.85
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is minimal evidence of progression. The overall LV appearance is mildly progressive, with regions of thinning along the lateral wall. That being said, the hypertrophy is similar without clear progression. The LA is normal, indicating low risk for complication and SAM remains mild.

Given these findings, continue Atenolol going forward. No obvious indication for additional medications.

Prognosis remains guarded, given the highly variable outcomes with subclinical feline cardiomyopathy.



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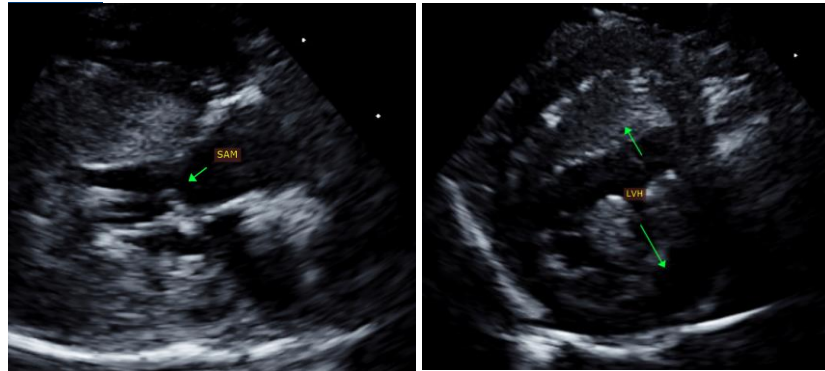
RECOMMENDATIONS

- Given these findings, continue Atenolol as prescribed.
- Risk for general anesthesia remains low, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary.
- 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 BP and echocardiogram in 6-12 months to continue 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.

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Echocardiogram performed by:

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