



PATIENT

Peter Pafumi

SPECIES

Feline

BREED

DLH

SEX

Male Intact

AGE

6 months

WEIGHT

9.35lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

25561

DATE

7/27/22

PRESENTING CLINICAL SIGNS

History: Peter was noted to have a heart murmur in February. Peter is presently doing well clinically. He is eating well and is active and playful. Echocardiogram prior to anesthesia for neutering. On exam: NSR, grade I/VI parasternal murmur, PSS, lung fields clear, compressible thorax. BP: 100mmHg x 5. *No sedation for study.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is mildly increased with adequate myocardial function. The LV wall thicknesses are irregular and slightly decreased without hypertrophy. There is a diffusely hyperechoic endocardium consistent with atypical fibrosis. The papillary muscles are remodeled and hyperechoic.

Left atrium: The left atrium is mildly dilated; however, bulbous in appearance. No obvious thrombi seen.

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No MR.

Aortic valve/Aorta: The aortic valve is normal. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Normal RV.

Right atrium: Mild right atrial enlargement.

Tricuspid valve: The tricuspid valve appears normal with trivial 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 130bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.4
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.4
LVID diastole (cm)	2.1
PW thickness (cm)	0.4
LVID systole (cm)	0.9
FS (%)	57

Doppler Measurements

PV Vmax (m/s)	0.92
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The finding of biatrial enlargement in the face of normal to decreased LV wall thickness and LV fibrosis is most consistent with Restrictive Cardiomyopathy (RCM). This is largely unexpected in a young cat, and likely reflects silent congenital disease. Some prior infectious or inflammatory insult to the myocardium is also possible. No additional issues are identified, and no cause for the murmur is appreciated.

Given mild overall changes seen here, no obvious indication for medications at this time; however, close follow up for progression is advised.



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The long-term prognosis is guarded; however, there is a highly variable rate of progression in cats with subclinical disease. There will always remain risk for progression to CHF and development of blood clots in the future. Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

SPECIES

Feline

RECOMMENDATIONS

- No medications are clearly indicated at this time.
- Anesthetic risk is considered mildly elevated, and judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids and/or fluid therapy should be avoided lifelong unless absolutely necessary.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes, collapse and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

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PLAN

- Recheck echocardiogram in 6 months, sooner if clinical signs arise.

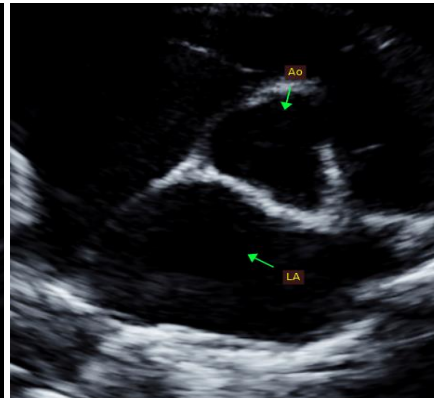
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IMAGES

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Pamela Harrigan, RDCS

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.

HOSPITAL NAME

Mass Veterinary Services

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.

REFERRING VET

Dr. Masloski

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

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