



**PATIENT**

Pixie MacDonald

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

5 years

**WEIGHT**

8.38lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

25560

**DATE**

7/27/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History Tetralogy of Fallot. Current presentation: She may be taking deeper than "normal" breaths at home per the family but continues to have a good appetite and activity level. On exam: NSR, grade IV/VI parasternal murmur, PSS, lung fields clear, compressible thorax. BP: 130 mmHg x 5. Medications; 1) Atenolol 25mg 1/4 tab daily 2) Plavix/clopidogrel 75mg 1/4 tab daily \*Sedated with propofol.

-Pertinent previous echo findings (1/31/19 Tai Casagrande, DVM, DACVIM-Cardiology): moderate pulmonary stenosis, probably valvular as well as subvalvular (PV Vmax 3.73 m/s); severe RVH; moderate-severe RAE; perimembraneous VSD with L to R shunting.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** A muscular VSD (0.41cm) is identified with low velocity bidirectional flow; L-R 1.4m/s; R-L 1.1m/s. The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.

**Left atrium:** The left atrium is normal. No obvious spontaneous contrast.

**Mitral valve:** The mitral valve appears mildly elongated with abnormal motion. No mitral regurgitation visualized.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. The aortic root is mildly increased in size, with a mild overriding appearance. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

**Right ventricle:** The RV is minimally dilated with marked RV hypertrophy and remodeling.

**Right atrium:** Mild to moderate RA dilation.

**Tricuspid valve:** The tricuspid valve appears normal with trace tricuspid regurgitation.

**Pulmonic valve/Pulmonary artery:** The pulmonic valve is thickened with a tethered appearance. Trace pulmonic insufficiency. Velocity through the pulmonic valve is elevated, consistent with a pressure gradient of 41mmHg. The MPA is significantly dilated (1.1cm), with minimal branch dilation.

**Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 140bpm.

**2-Dimensional Measurements**

Ao diam (cm)	0.9
LA diam (cm)	0.9
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.37
LVID diastole (cm)	0.95
PW thickness (cm)	0.31
LVID systole (cm)	0.34
FS (%)	64

**Doppler Measurements**

PV Vmax (m/s)	3.2
AoV Vmax (m/s)	0.86
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Tetralogy of Fallot is identified, as was previously diagnosed. This includes severe RV hypertrophy, a large muscular VSD and pulmonic stenosis. The VSD flow was previously noted to be L-R and appears bi-directional in this study with overall low velocity flow. This likely suggests increasing RV pressure, secondary to pulmonic stenosis. The PV gradient is decreased slightly compared to the prior study and may reflect some degree of RV failure. The remainder of the study is largely unchanged without significant left heart disease.



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Given these findings and a patient that is doing well at home, there is no obvious indication for additional medications at this time. Certainly, Plavix and Atenolol should be continued going forward.

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Prognosis is guarded to poor; however, an asymptomatic patient at 5 years old is certainly a good sign. Patient will always be at high risk for CHF (right or left-sided), development of blood clots, and/or malignant arrhythmias/sudden death in the future.

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**RECOMMENDATIONS**

- Continue Plavix and Atenolol as prescribed.
- Elective anesthesia is not advised.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.). Monitoring of sleeping breathing rates at home is recommended as the best way to screen for progression to CHF at home.
- Elective anesthesia, fluid or steroid therapy should be avoided lifelong as able.

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**PLAN**

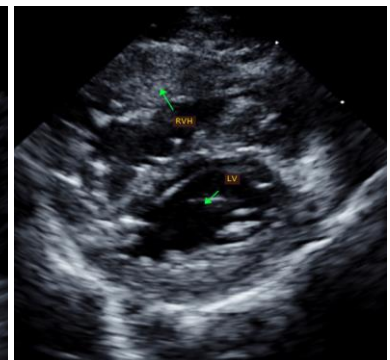
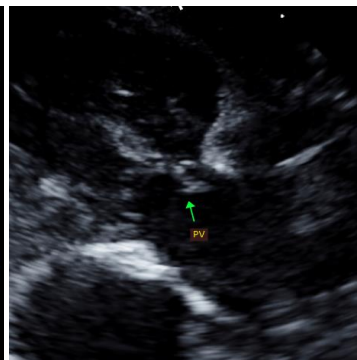
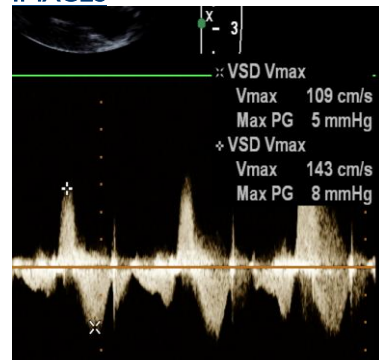
- A recheck echocardiogram is recommended annually, sooner if clinical signs arise in the interim.

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**IMAGES**

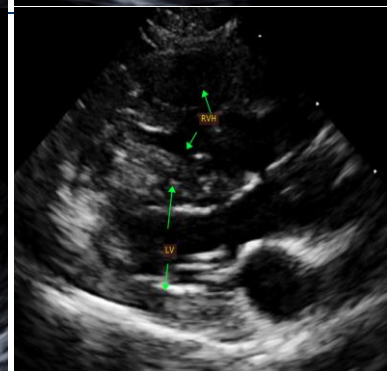
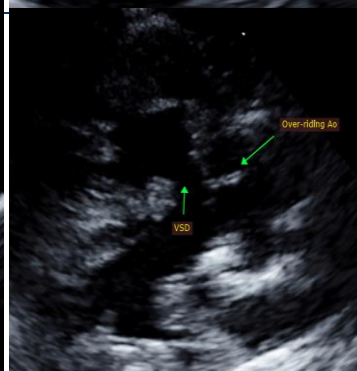
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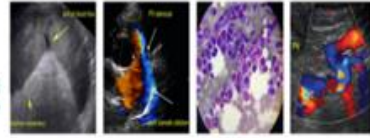
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Mass Veterinary  
Services



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1-800-838-4268 info@sonopath.com SonoPath.com

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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.

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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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DSH

**Maggie Machen Lamy, DVM**  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

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

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