



PATIENT

Moxie Clemmey

SPECIES

Feline

BREED

Maine Coon Mix

SEX

Female Spayed

AGE

13 years

WEIGHT

12.4lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Wood River Animal
Hospital

REFERRING VET

Dr. Fischer

INVOICE

32030

DATE

7/31/23

PRESENTING CLINICAL SIGNS

History: History normal cardiac structure and function on echocardiogram from 11/12/21 (MML) done following multiple runs of VPCs that developed during anesthesia. Presently, need anesthesia for mass removals and dental prophylaxis.

-Pertinent previous echo measurements: LA 1.1 cm; LA:Ao 1.1, IVS 0.65 cm (septal bulge), PW 0.44.

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 with a focal region of mild septal thickening. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic.

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. No obvious systolic anterior motion is seen. No MR.

Aortic valve/Aorta: The aortic valve is mildly thickened. 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 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 188bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.1
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.63
LVID diastole (cm)	1.2
PW thickness (cm)	0.43
LVID systole (cm)	0.5
FS (%)	58

Doppler Measurements

PV Vmax (m/s)	0.75
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, findings are similar. The LV is largely normal with a focal septal bulge that is unchanged from the 2021 study. This likely reflects a normal variant; however, serial monitoring remains the conservative recommendation. The LA is normal, and no additional issues have developed.

Given these findings, no medications are indicated.

Prognosis is open going forward.



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RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Monitor BP and T4 every 6 months.
- Anesthetic risk is considered mild. With a history of VPCs, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). An ECG should be monitored pre, intra and post-operatively. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance.
- Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.
- 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 annually, sooner if clinical signs arise.

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)