



**PATIENT**

Tigger Pagluica

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

15 years

**WEIGHT**

11.85lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History HOCM. VPCs and SVT, historical. History hyperthyroidism. Current presentation: Tigger is doing well with a good appetite and normal activity level. Normal thyroid level. On exam: NSR, grade III/VI murmur with PMI on sternum, PSS, lung fields clear, compressible thorax. BP: 120mmHg x 5. Current medications: 1) Atenolol 25mg 1/4 tab daily 2) Methimazole/tapazole 5mg 1/2 tab daily \*No sedation for study.  
-Pertinent previous echo findings (1/4/22 Carley Saelinger, VMD, DACVIM-Cardiology): LA 1.60 cm; LA:Ao 2.00; IVS 0.67 cm; PW 0.71 cm; LVOT Vmax 2.49 m/s; mild LAE; MV SAM; mild LVH.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** The LV chamber is normal with adequate myocardial function. The LV wall thicknesses are moderately increased. There is a diffusely hyperechoic endocardium consistent with fibrosis. False tendon. The papillary muscles are severely hypertrophied and hyperechoic. The endocardium appears mildly remodeled.

**Left atrium:** The left atrium is mild to moderate dilated. No smoke or thrombi seen.

**Mitral valve:** The anterior leaflet of the mitral valve appears normal. Systolic anterior motion is seen on 2D imaging. Mild eccentric MR.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Mildly increased aortic outflow velocity with a dynamic profile. 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.

**Pulmonary valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity.

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

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 200bpm.

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary  
Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

25161

**DATE**

7/6/22

**2-Dimensional Measurements**

Ao diam (cm)	1.0
LA diam (cm)	1.6
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.73
LVID diastole (cm)	1.2
PW thickness (cm)	0.79
LVID systole (cm)	0.6
FS (%)	50

**Doppler Measurements**

PV Vmax (m/s)	1.3
AoV Vmax (m/s)	2.6
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Hypertrophic obstructive cardiomyopathy (HOCM) persists. While the LV/LVOTO are similar to prior studies, the LA is persistently increasingly dilated. This is concerning for development of clinical issues in the future. No additional issues are identified.

Given progressive LA dilation, consider institution of Plavix. This can be difficult to administer, particularly in a senior cat and an alternative would be simply to monitor at home. Discussion with the owner is advised. Additionally it is worth noting that the heart rate is outside of the target range (140-160bpm) and a dose adjustment of Atenolol is warranted if this is a persistent finding.



**PATIENT**

Tigger Pagluica

Prognosis remains guarded given the severity of disease in this senior cat. Patient will always be risk for progression to CHF, development of blood clots and/or sudden death in the future.

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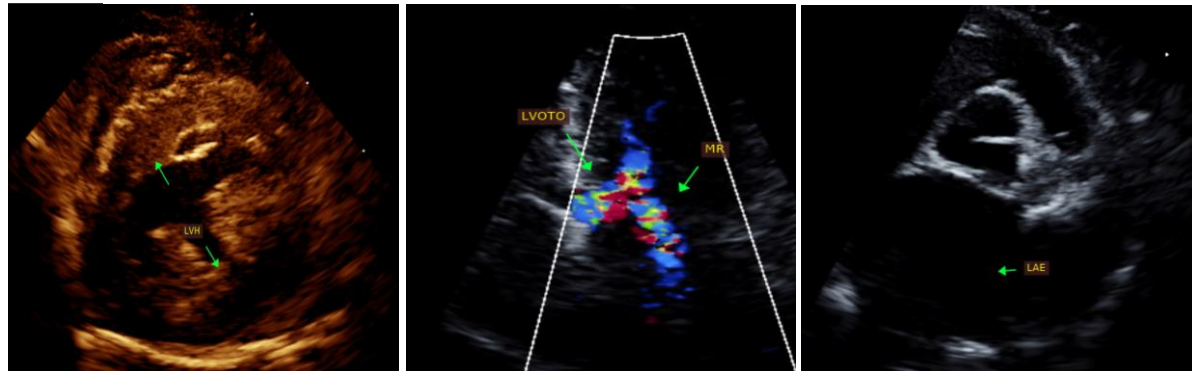
**RECOMMENDATIONS**

- Consider a dose increase of atenolol if the heart rate is persistently >160bpm.
- Consider institute Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).
- Screening BP/T4 every 6 months.
- Anesthetic risk is considered elevated, with high risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor.
- 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 in 6 months to assess rate of progression, sooner if any issues arise in the interim.

**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**  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

Echocardiogram performed by:

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