



PATIENT

Dewey Spencer

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

9.11 years

WEIGHT

6.31lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Foster Veterinary
Clinic

REFERRING VET

Dr. Hattan

INVOICE

32057

DATE

8/1/23

PRESENTING CLINICAL SIGNS

History: Inappetence, intermittent diarrhea, grade 4/6 holosystolic murmur, PMI sternal border. On 1) Benazepril 1.25mg SID, 2) B12 injections 0.11ml sq once weekly. 3)Trazodone 12.5mg the night before CUS and the morning of CUS. 4) Gabapentin 2mg the night before CUS and the morning of CUS.
-Abnormal PE/Chem/CBC/UA Results: BNP 160 (0-900), Thyroid low normal, renal proteinuria.

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 mild focal septal thickening. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and hyperechoic.
Left atrium: The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.
Mitral valve: The mitral valve is normal in structure. No obvious SAM. No MR.
Aortic valve/aorta: The aortic valve is normal in morphology and mobility. The aortic outflow velocity is normal; however, a dynamic profile is appreciated. Turbulence is identified on color flow imaging. 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 trace tricuspid regurgitation.
Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Mildly increased 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 150bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.0
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.35
LVID diastole (cm)	1.3
PW thickness (cm)	0.38
LVID systole (cm)	0.37
FS (%)	72

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The only abnormality identified is mild septal thickening. This may suggest early hypertrophic disease; however, a normal variant is not ruled out (particularly given a normal BNP). A dynamic LVOT obstruction is suspected that appears intermittent in nature and does not warrant therapy. Regardless, the LA is normal, and no additional issues are identified.

Given these findings, no medications are warranted.

Prognosis is guarded, prior to assessing for progression.



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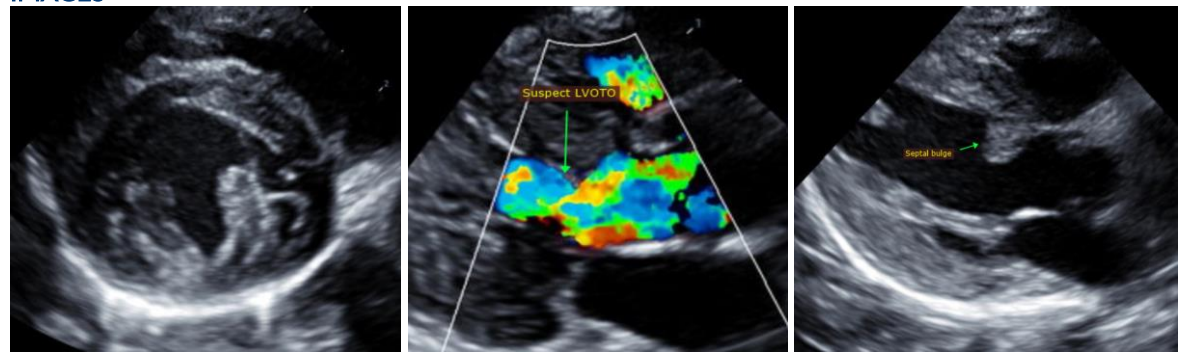
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any senior cat should be monitored for intolerance (changes in RR/RE).
- Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

PLAN

- Recommend recheck echocardiogram in 1 year to assess for any progressive issues.

IMAGES



INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

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.

IMAGING PERFORMED BY

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 RDCS

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HOSPITAL NAME

Foster Veterinary
 Clinic

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

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