

**PATIENT**

Mr T Hermann

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Male Neutered

**AGE**

17 years

**WEIGHT**

15.33lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary  
Specialty Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

20443

**DATE**

8/10/21

**PRESENTING CLINICAL SIGNS**

History: Presented for steadily declining appetite. Lab work revealed an increase in white cell count - started on clavamox. This caused his appetite to decline further. Some mirtazapine helped but only for a short time. Two days ago, he vomited a small amount of food. Yesterday, he was given Cerenia which prompted him to eat another small amount of food. CV/RESP: NSR, no murmurs noted, PSS, lung fields clear, compressible thorax, mm pink moist. BP: 150mmHg x 4. Medications: Mirtazapine prn; Cerenia prn \*\*CXR (3v) unable to distinguish cardiac silhouette, dorsal deviation of trachea, caudal lung fields pushed dorsally; soft tissue vs fluid cranial thorax. Gave 1mg torbugesic IV to tap 138mls of clear fluid from left hemithorax. 20mg Lasix IV - Recommend echo 5) start Lasix 12.5mg 1 tab twice a day.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** The LV diameter is decreased with adequate myocardial function. The LV wall thicknesses are irregular with focal septal thickening. A mid-LV obstruction is noted, likely due to volume depletion. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly remodeled.

**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 and mobility. No obvious systolic anterior motion is seen.

**Aortic valve/aorta:** The aortic valve is normal in morphology and mobility. 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.

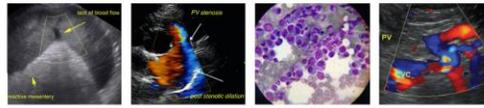
**Pericardium/other:** No pericardial effusion noted. Large volume pleural effusion. No obvious cardiac masses.

**2-Dimensional Measurements**

Ao diam (cm)	1.1
LA diam (cm)	1.4
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.63
LVID diastole (cm)	1.3
PW thickness (cm)	0.44
LVID systole (cm)	0.65
FS (%)	50

**Doppler Measurements**

PV Vmax (m/s)	1.5
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA



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**INTERPRETATION OF THE FINDINGS**

No obvious cardiac cause for pleural effusion is identified. The cardiac structure and function are overtly normal, with no evidence of a cardiogenic origin. The LV wall thickness is slightly increased in focal regions which may simply be due to pseudohypertrophy (i.e., secondary to volume depletion). Additionally, a mid-LV obstruction would support this as well. No obvious cardiac or extra-cardiac tumors are identified, however 2D ultrasound is largely insensitive for identification of small masses.

Given these findings, no indication for continued Lasix therapy at this time. If the patient is volume depleted on lab work or clinical exam, cautious fluid therapy can be considered. Submission of the fluid for cytology/culture is recommended if not previously performed. Finally, full systemic evaluation including lab work, AUS, CT scan, etc. is also recommended.

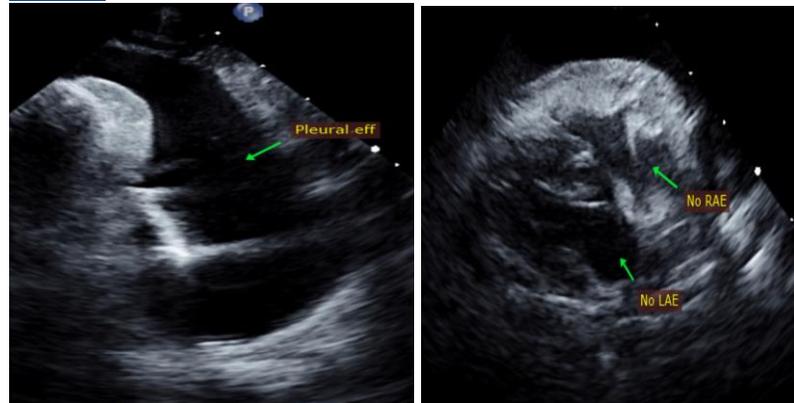
**RECOMMENDATIONS**

- Given these findings, no medications are indicated, and Lasix can be discontinued.
- Consider cautious fluid therapy if indicated.
- No cardiac contraindication for general anesthesia.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

**PLAN**

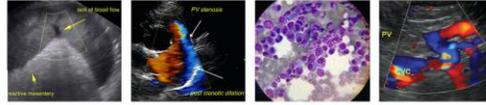
- Recommend recheck echocardiogram should a murmur or gallop be noted in the future.

**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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Mr T Hermann

**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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