

PATIENT

Anuja Renaud-Ingel

SPECIES

Feline

BREED

DMH

SEX

Female Spayed

AGE

11 years

WEIGHT

12.25lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Mass Veterinary
Specialty Services

REFERRING VET

Dr. Masloski

INVOICE

20478

DATE

8/11/21

PRESENTING CLINICAL SIGNS

History: Anuja was noted to have a heart murmur in May. She is doing well with normal respirations and no coughing. Good appetite but can be finicky. CV/RESP: transient gallop, grade II/VI murmur with PMI on sternum, PSS, lung fields clear, compressible thorax. BP: 160mmHg x 3. *No sedation.

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 mild septal thickening. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are asymmetrically hypertrophied with a fused morphology.

Left atrium: The left atrium is borderline. 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. Trace 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 210bpm.

2-Dimensional Measurements

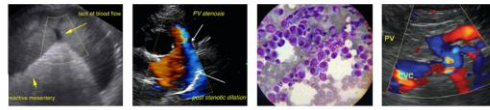
Ao diam (cm)	1.0
LA diam (cm)	1.4
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.66
LVID diastole (cm)	1.56
PW thickness (cm)	0.49
LVID systole (cm)	0.75
FS (%)	52

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

HCM is a rule out diagnosis, once hypertension and hyperthyroid disease are ruled out. In this normotensive cat, consider a thyroid panel. The thickening in this instance is focal and asymmetric, which may also reflect a normal variant. The papillary muscles appear atypical as well however, and screening for progression is certainly advised. Finally, no obvious cause of a murmur is identified here, making it likely physiologic in origin. Borderline LA enlargement indicates the risk for complication is currently low.



PATIENT
Anuja Renaud-Ingel

Prognosis is guarded long-term, due to the highly variable rates of progression with subclinical feline cardiomyopathy.

SPECIES

Feline

BREED

DMH

SEX

Female Spayed

AGE

11 years

WEIGHT

12.25lbs

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

20478

DATE

8/11/21

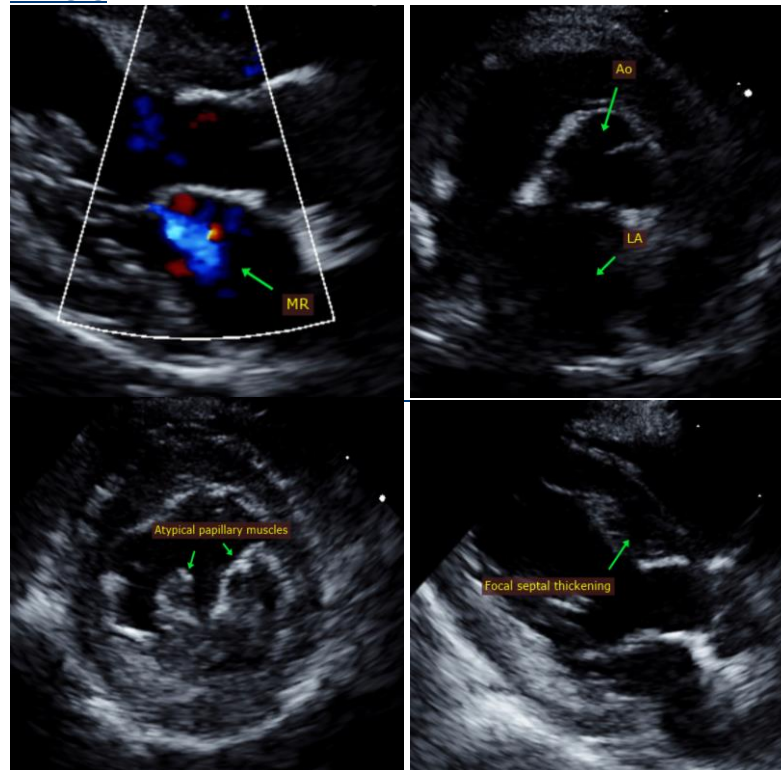
RECOMMENDATIONS

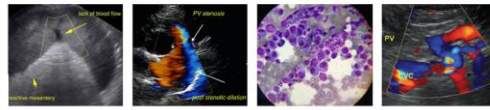
- Given these findings, no medications are indicated.
- Monitor BP and T4 every 6 months.
- Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, 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 in 6-12 months to screen for progression, sooner if any clinical signs arise in the interim.

IMAGES





PATIENT
Anuja Renaud-Ingel

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.

SPECIES
Feline

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.

BREED
DMH

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

SEX
Female Spayed

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

AGE
11 years

WEIGHT
12.25lbs

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
20478

DATE
8/11/21