



**PATIENT**

Tango Raynor

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

12 years

**WEIGHT**

10.9lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary  
Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

32346

**DATE**

8/14/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History HOCM. Presently, He is doing well, but his appetite has been off the past few years. He was never a picky eater until a few years ago. Occasional cough secondary to asthma. Tango had a dental Friday 8/11 which he did well for. On exam: NSR, grade III/VI parasternal murmur, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2. BP: 120 mmHg. Current medications: 1) Atenolol 25mg 1/4 tab daily 2) Buprenex every 8 hours \*Sedated with propofol for study.  
-Pertinent previous echo findings (9/20/22): LA 1.4 cm; LA:Ao 1.27; IVS 0.60 cm; PW 0.70 cm, LVOT Vmax 1.1 m/s.

**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. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium appears mildly remodeled.

**Left atrium:** The left atrium is mildly enlarged.

**Mitral valve:** No obvious systolic anterior motion is noted. No MR.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. 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; 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 120bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.1
LA diam (cm)	1.5
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.46
LVID diastole (cm)	1.47
PW thickness (cm)	0.49
LVID systole (cm)	0.8
FS (%)	47

**Doppler Measurements**

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Compared to what is reported from the prior study, there is evidence of improvement on Atenolol therapy. The LVOTO is not seen, and the LV wall thickness is normal. This is great news; however, serial monitoring is recommended. Risk for complication is low at this time. No additional issues are identified.

Given these findings, continue Atenolol as prescribed.



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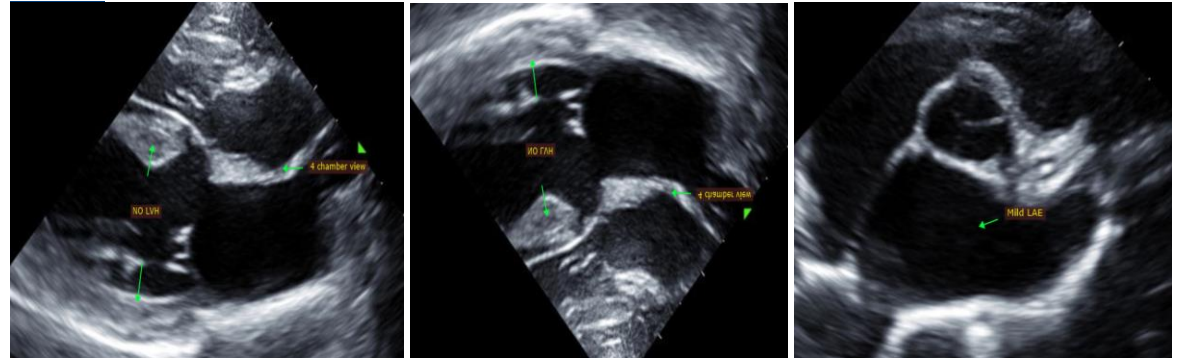
**RECOMMENDATIONS**

- Continue atenolol as prescribed.
- 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).
- 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 in the interim.

**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**

Pamela Harrigan, RDCS

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

**HOSPITAL NAME**

Mass Veterinary Services

Echocardiogram performed by:

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

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