



**PATIENT**

Psyche Viandier

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Female Spayed

**AGE**

8 years

**WEIGHT**

9.75lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary  
Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

25798

**DATE**

8/16/22

**PRESENTING CLINICAL SIGNS**

History: Psyche had a dental 7/19 and was discharged with buprenorphine and clavamox. On the 22nd she had a collapse episode with open mouth breathing noted. She was taken to an ER where they felt she may have fluid in her chest (not noted on chest films). Her heart was mildly enlarged as were her caudal lobar arteries. Initially she had a low blood glucose of 55 but it was up to 182 on her Chem profile and she has not had a low blood glucose since that time. Good appetite. On exam: NSR, no murmurs noted, PSS, lung fields clear, compressible thorax. BP: 150mmHg x 5. Medications: Lasix/furosemide 12.5mg 1/2 daily \*Sedated with propofol for study.

**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 normal. Mildly hyperechoic endocardium. 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 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 or pleural effusion noted. No obvious cardiac masses.

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 130bpm.

**2-Dimensional Measurements**

Ao diam (cm)	0.9
LA diam (cm)	1.0
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.4
LVID diastole (cm)	1.2
PW thickness (cm)	0.47
LVID systole (cm)	0.54
FS (%)	55

**Doppler Measurements**

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no clear evidence of elevated left atrial pressure. There is mild remodeling and fibrosis which is considered normal. No additional issues are identified.

Given these findings, there is no obvious structural or arrhythmic reason for the post-anesthesia collapse episode is suspected. Consider other possibilities such as hypoglycemia based upon the history. No obvious indication to continue Lasix based upon these findings.



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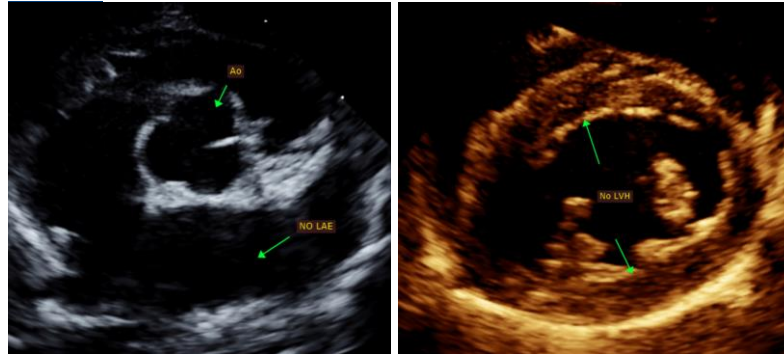
**RECOMMENDATIONS**

- Given these findings, no medications are indicated, and Lasix can be safely discontinued.
- 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 in 1 year, sooner if a murmur or gallop develop in the future, or clinical signs of cardiac compromise are noted.

**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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