



PATIENT

Twinkie Carreira

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

11 years

WEIGHT

8.06lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

25789

DATE

8/16/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of having a highly remodeled LV with fibrous bands (normal variant vs early restrictive disease); history isolated VPCs. Current presentation: Twinkie's thyroid level in February was within normal limits. Doing well at home but has been defecating outside the box. He seems a bit off balance and is not moving around as much as previously. He is also more vocal. He is eating well with frequent vomiting and occasional diarrhea, but less with the current diet change. On exam: NSR, grade III/VI murmur noted best on sternum, PSS, lung fields clear, compressible thorax . BP: 140mmHg x 3. Medications: Potassium supplement. *No sedation for study.
-Pertinent previous echo measurements (2/15/22 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 1.3 cm; LA:Ao 1.2; LV 1.5 cm; IVS 0.38 cm; FW 0.35 cm.

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 irregular with regions of thinning. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. Fibrous bands across the mid-LV. 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 with no mitral regurgitation. 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. Trace 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.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 180bpm. Isolated VPCs are noted.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.3
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.37
LVID diastole (cm)	1.56
PW thickness (cm)	0.39
LVID systole (cm)	0.8
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.84
AoV Vmax (m/s)	0.77
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Findings are similar to the previous study. The LV remains significantly remodeled with fibrous banding; however, no systolic dysfunction has developed. The LA remains normal, indicating low risk for complication. A small aortic leak is noted, which was not previously documented; however, reported blood pressure is normal. No additional issues are identified.



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A brief screening ECG does show persistent VPCs, and follow-up is advised, as discussed in the prior report.

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Prognosis remains guarded long-term; however, a lack of progression is certainly a good sign. No indication for medications at this juncture.

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RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Follow up on VPCs recommended as dictated by the previous report.
- Anesthetic risk is considered moderate, 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). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.
- Monitor for any signs of sustained arrhythmias including collapse or significant lethargy.
- Monitor for any change in breathing rate or effort, or signs of a blood clot event.

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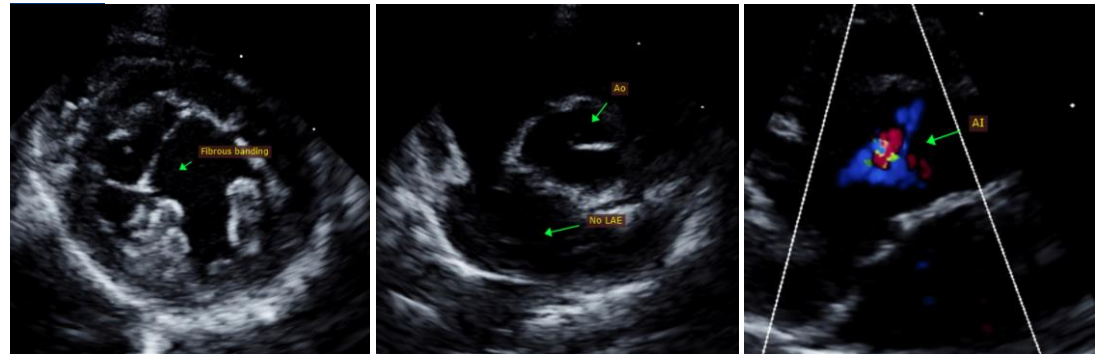
PLAN

- Recheck echocardiogram and ECG are recommended in 6 months to assess for any abnormalities not identified on this exam.

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IMAGES



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Services

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.

REFERRING VET

Dr. Masloski

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.

INVOICE

25789

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DATE

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