



PATIENT

Alfredo Canter

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

10 years

WEIGHT

13.81lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

25983

DATE

8/24/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM/MV dysplasia with normal LA size. Currently, Alfredo is doing well at home with no concerns. Presented to ER in February for gastroenteritis which has resolved. He is doing well at this time with a good appetite and activity level. On exam: NSR, grade II/VI murmur with PMI noted on sternum, PSS, lung fields clear, compressible thorax. BP: 100mmHg x 4. *Sedated with propofol for study.
-Pertinent previous echo findings (5/2021 MML): Mild to moderate LVH, no LAE, severe LVOTO, mild MR. IVSd: 0.69, LVWd: 0.7, LA: 1.2, AV max: 1.9.

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 mild to moderately increased globally, with significant septal hypertrophy. There is a diffusely hyperechoic endocardium with extensive remodeling. The papillary muscles are hyperechoic and hypertrophied.
Left atrium: The left atrium is normal. No obvious smoke.
Mitral valve: The mitral valve is thickened and elongated with systolic anterior motion noted. Mild MR secondary to SAM.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Severely elevated aortic outflow velocity persists with a fixed profile. No aortic insufficiency is seen.
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 obvious 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 140bpm.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.1
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.64
LVID diastole (cm)	1.3
PW thickness (cm)	0.73
LVID systole (cm)	0.58
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.63
AoV Vmax (m/s)	3.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.2
TR PG (mmHg)	20

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is no evidence of progression. The LV morphology is similar to previous without increasing hypertrophy. The LA remains normal, indicating low risk for complication. Finally, the heart rate appears well controlled.

Given these findings, continue Atenolol lifelong. No additional medications are warranted.



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Prognosis remains guarded long term given highly variable outcome with subclinical feline cardiomyopathy. Patient will always be at risk for progression to CHF, development of blood clot events and/or sudden death going forward.

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RECOMMENDATIONS

- Continue atenolol as prescribed. Up titrate if needed to maintain target heart rate.
- Monitor BP every 4-6 months.
- Monitor at home for any respiratory signs and/or evidence of blood clot event.
- Anesthetic risk is considered mildly elevated, and judicious IV fluid rates are advised to avoid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary. Avoid excessive vasodilation as this may worsen the obstruction (avoid acepromazine).

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PLAN

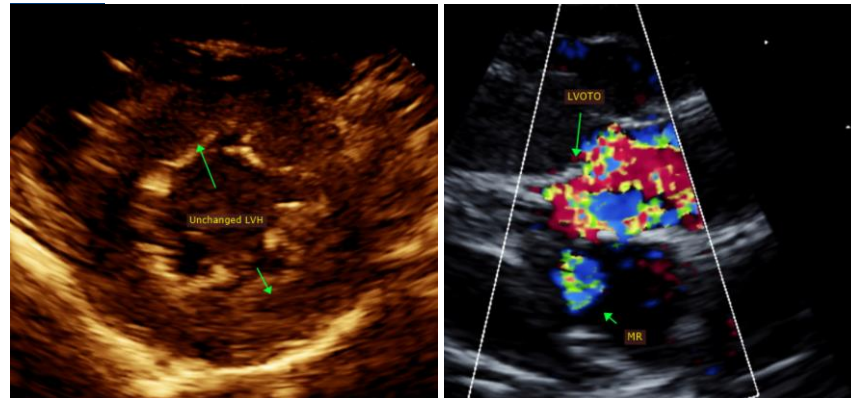
- Recommend recheck echocardiogram in 6-12 months to continue to screen for progression, sooner if clinically signs arise.

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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.

HOSPITAL NAME

Mass Veterinary Services

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.

REFERRING VET

Dr. Masloski

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Echocardiogram performed by:

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

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