



PATIENT

Reilly Mengele

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

14 years

WEIGHT

12.06lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of asthma which is well controlled with fluticasone inhaler. A thyroid level done in March was normal. He is presently doing very well at home with a good appetite and activity level. He only has a sporadic cough at this point. On exam: NSR, grade III/VI murmur noted best on sternum, PSS, lung fields harsh on inspiration more ventrally than dorsally, compressible thorax. BP: 140 mmHg x3. Medications: Flovent 110ug 2 puffs daily. -Pertinent previous echo findings (11/25/19 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 1.2 cm; LA:Ao 1.2; IVS 0.49 cm; PW 0.53 cm; normal cardiac structure and function.

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 dimensions are normal. There is mild fibrosis of the endocardium. The endocardium appears mildly remodeled. The papillary muscles appear hyperechoic and normal in dimension.

Left atrium: The left atrium is normal. No obvious smoke or thrombi seen.

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No MR.

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. The MPA is prominent. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

26120

DATE

8/31/22

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.3
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.48
LVID diastole (cm)	1.2
PW thickness (cm)	0.54
LVID systole (cm)	0.4
FS (%)	66

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function persist. Mild remodeling fibrosis of the left ventricular wall is noted, which is likely a normal age-related variant. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. The MPA is prominent, which may suggest early pulmonary hypertension in this patient with respiratory disease. Monitoring is advised. No definitive cause is identified for the murmur in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.). Compared to the prior study, no significant changes are identified with persistently normal findings.



PATIENT

No cardiac medications remain indicated.

Reilly Mengele

Prognosis is open.

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Feline

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Continue treatment of respiratory disease as indicated.
- Monitor for signs of pulmonary hypertension, such as collapse or exertional dyspnea.
- No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any cat should be monitored for intolerance (changes in RR/RE).
- Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

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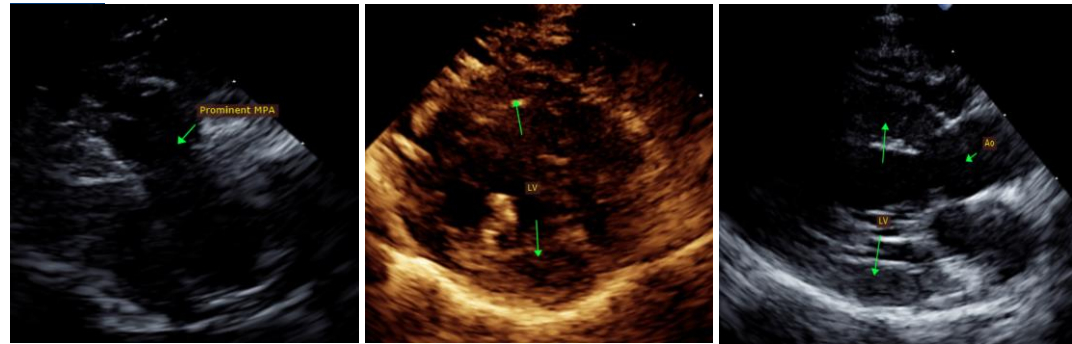
PLAN

- Recommend recheck echocardiogram in 6-12 months to screen for progression.

IMAGES

WEIGHT

12.06lbs



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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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.

HOSPITAL NAME

Mass Veterinary Services

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

REFERRING VET

Dr. Masloski

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

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