



PATIENT

Chloe Frye

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

15 years

WEIGHT

8.94lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

32214

DATE

8/8/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History mild LAE with no other significant findings on prior echocardiograms, query normal variant vs early restrictive disease. Presently, Chloe is doing well at home with no issues other than being finicky with food. PU/PD/CKD. BP: 120 mmHg x 5. *No sedation for study.
-Pertinent previous echo findings (11/9/22 MML): LA 1.4 cm, LA:Ao1.4, IVS 0.36 cm, PW 0.48 cm; LV 1.4 cm, mild LAE, LV remodeling, endocardial fibrosis.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal. The LV wall thicknesses are normal with regions of irregularity and mild thinning. False tendon. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and hyperechoic.
Left atrium: The left atrium is mildly dilated. 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 trace 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 150bpm.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.43
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.39
LVID diastole (cm)	1.4
PW thickness (cm)	0.45
LVID systole (cm)	0.6
FS (%)	57

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Persistently stable cardiac dimensions and function. Mild LA enlargement is unchanged without progression identified. No change to the LV appearance or wall thickness is identified and no additional issues have developed.

Given these findings, no medications are indicated. Prognosis remains open pending progressive changes.



PATIENT

Chloe Frye

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

15 years

WEIGHT

8.94lbs

INTERPRETED BY

Maggie Machen Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

32214

DATE

8/8/23

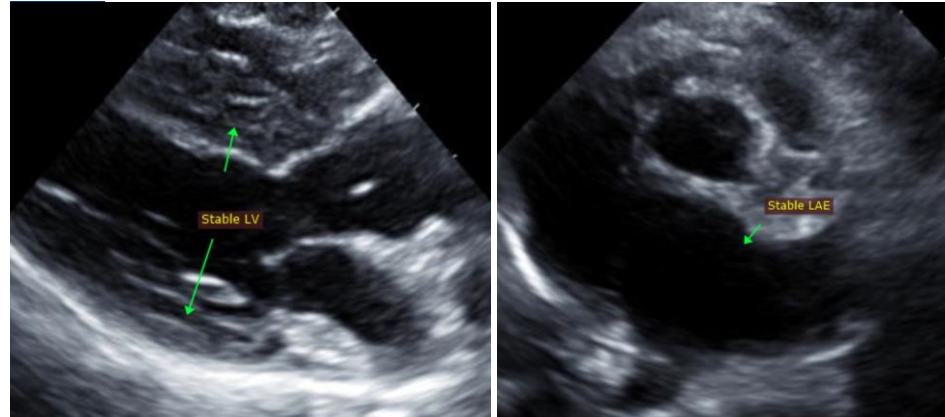
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised.
- Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.
- 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 to screen for progression.

IMAGES



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.

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

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