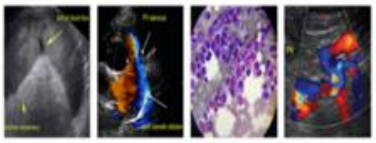
Mass Veterinary Services



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Marley Lajoie

SPECIES
Feline

BREED
DMH

SEX
Male Neutered

AGE
17 years

WEIGHT
10.25lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
32225

DATE
8/8/23

PRESENTING CLINICAL SIGNS

History: History hyperthyroidism. Presently, his appetite has been poor in spite of the mirtazapine. He is urinating outside the cat box which is new for him. No other dysuria noted. On exam: NS grade IV/VI parasternal murmur PS lung fields clear compressible thorax mm pin mois CRT<2. BP: 142-143mmHg. Current medications: 1) Mirtazapine transdermal 1/2-inch q 1-3 days as needed for appetite 2) Methimazole transdermal 3) MiraLAX prn 4) Solencia given 6/14/23.

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 dimensions are quite irregular and borderline increased overall. 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 trace tricuspid regurgitation.
Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. Mild 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 166bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.2
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.53
LVID diastole (cm)	1.2
PW thickness (cm)	0.50
LVID systole (cm)	0.6
FS (%)	54

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Largely normal cardiac structure and function are identified. The LV wall thickness is borderline, which may be a normal variant or may reflect early hypertrophic changes. In this normotensive presumably well controlled hyperthyroid cat, follow up is advised. Mild remodeling fibrosis of the left ventricular wall is noted, which is likely a normal variant. No significant valve leaks are identified and flow through the great vessels is normal in velocity. No definitive cause is identified for the murmur in this study, making it likely physiologic in origin.

Prognosis is open.

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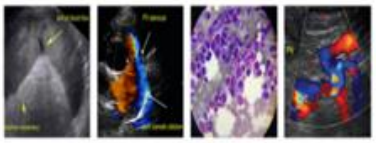

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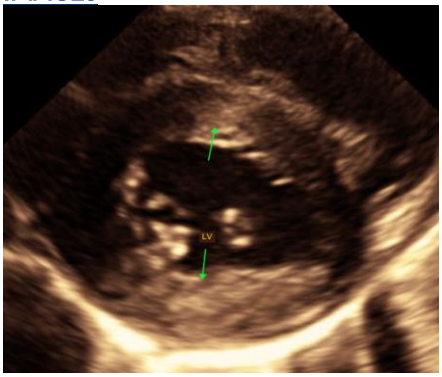
RECOMMENDATIONS

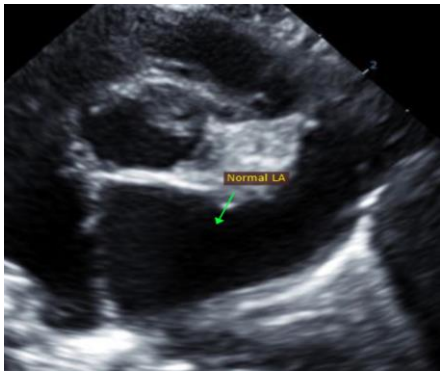
- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any cat should be monitored for intolerance (changes in RR/RE).
- Monitor at home for signs of cardiac compromise, including respiratory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

PLAN

- Recommend recheck echocardiogram in 6-12 months to assess for any progressive issues or development of disease the pre-existing murmur may mask.

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)