



PATIENT

Geoffery Max

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

17 years

WEIGHT

9.44lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

25654

DATE

8/9/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. 4/27/22 (Angell AMC): Presented for collapse episodes x 2 and found to be in CHF (pleural effusion, pericardial effusion, possible mild pulmonary edema - thoracocentesis: 125 mL straw colored effusion removed. Collapse presumed to be early sign of CHF or possible transient arrhythmia (ECG during echo: NSR). 4/28/22 - Echo: Non-specific cardiomyopathy (r/o dilated vs "burn-out" HCM; thyrotoxic vs other); moderate 4 chamber dilation, biventricular systolic dysfunction. Hx. CKD. Hx. systemic hypertension (i.e., secondary to CKD). Follow-up echocardiogram on 5/12/22: LA 1.89 cm; LA:Ao 1.71; IVS 0.45 cm; FW 0.51 cm; FS 20.68%; moderate-severe LAE, no SEC; trace-very mild pericardial effusion. Current presentation: Doing fairly well. Hyporexic yesterday and was given mirtazapine last evening - he did eat overnight. No labored or open mouth breathing. On exam: NSR, grade II/VI parasternal murmur, PSS, lung fields clear, compressible thorax. BP: 160 mmHg x 5. Current medications: 1) Pimobendan/vetmedin 2.5mg 1/2 tab twice a day 2) Plavix/clopidogrel 75mg 1/4 tab daily 3) Lasix/furosemide 20mg 1/2 tab twice a day 4) Amlodipine 2.5mg 1/2 tab twice a day 5) Mirtazapine 15mg 1/8 tab every 3 days 6) Miralax daily 7) Darbepoetin 0.25mls *No sedation for study.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is mildly increased with adequate myocardial function. The LV wall thicknesses are borderline without obvious hypertrophy. There is mild remodeling and fibrosis of the endocardium. The papillary muscles are mildly remodeled.
Left atrium: The left atrium is mildly dilated with a horizontal component. No obvious spontaneous contrast in some views. No obvious 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: Mildly dilated RV. No significant hypertrophy.
Right atrium: The right atrium is mildly dilated.
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.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 188bpm.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.7
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.58
LVID diastole (cm)	2.0
PW thickness (cm)	0.51
LVID systole (cm)	1.0
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA



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INTERPRETATION OF THE FINDINGS

The findings in this study are similar to what is reported previously, with mild four chamber dilation most consistent with Unclassified Cardiomyopathy. The left atrial size has improved comparatively to mild, with no smoke or thrombi visualized. No pericardial or pleural effusion are noted, and no obvious progressive issues are seen.

Given these findings, reasonable to continue cardiac medications as prescribed. No additional medications are clearly warranted in a relatively stable patient. The long-term prognosis is poor; however, most cats are able to maintain a good quality of life for some time on medications if tolerated. There will always remain risk for episodes of CHF and development of blood clots and/or sudden death in the future.

A history of CKD is noted, and careful monitoring of renal values is recommended in this senior cat.

Monitoring of sleeping breathing rates at home is recommended as the best way to screen for progression to CHF at home. Elective anesthesia, fluid therapy and/or steroids should be avoided.

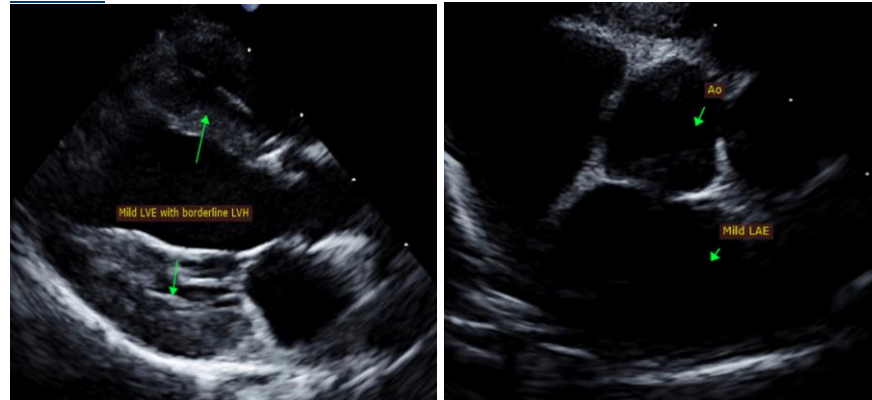
RECOMMENDATIONS

- Continue Lasix, Plavix, Amlodipine and Pimobendan as prescribed.
- Monitor renal values and BP every 3-4 months lifelong.
- Elective anesthesia is not advised.
- 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 6 months, sooner if clinical signs arise in the interim.

IMAGES





PATIENT
Geoffery Max

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.

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Feline

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.

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DSH

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

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Male Neutered

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

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