

PATIENT

Destiny Taverna

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

12 years

WEIGHT

10.38lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Specialty Services

REFERRING VET

Dr. Masloski

INVOICE

21037

DATE

9/15/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM with slight progression noted on prior echocardiogram. Current presentation: Destiny continues to have a good appetite. No coughing or labored breathing. CV/RESP: NSR, grade I-II/VI murmur with PMI on sternum, PSS, lung fields clear, compressible thorax. BP: 130mmHg x 5.
-Current medications: 1) Atenolol 1/4 tab daily 2) Plavix/clopidogrel transdermal 18.75mg daily *No sedation.
-Pertinent previous echo findings (3/23/21 MML): LA 1.4 cm; LA:Ao 1.4; IVS 0.42 cm; PW 0.66 cm; LVOT 3.5 m/s; mild-moderate LAE; asymmetric LV wall thicknesses.

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 normal and continue to decrease compared to the prior study. There is a diffusely hyperechoic endocardium consistent with fibrosis. False tendon. The papillary muscles are remodeled and hyperechoic. The endocardium appears remodeled.

Left atrium: The left atrium is moderately dilated with a horizontal component. No smoke or thrombi seen.

Mitral valve: The anterior leaflet of the mitral valve appears largely normal. Systolic anterior motion is seen on 2D imaging. Mild eccentric MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. 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.

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity.

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 170bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.6
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.46
LVID diastole (cm)	1.35
PW thickness (cm)	0.51
LVID systole (cm)	0.46
FS (%)	65

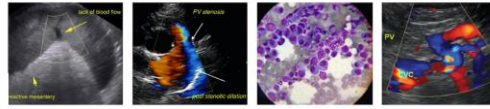
Doppler Measurements

PV Vmax (m/s)	0.62
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Unfortunately, this patient's cardiac disease continues to progress. The LV is progressively decreased in thickness and the LA continues to dilate. No significant LVOTO is identified here which may reflect LV failure as well. No additional issues are identified.

Given these findings, I would not necessarily change the medications at this time. Plavix is of great importance with progressive LA dilation and the heart rate appears well



PATIENT Destiny Taverna controlled. Close monitoring for development of any clinical signs is recommended going forward.

Prognosis is guarded going forward.

SPECIES

Feline

RECOMMENDATIONS

- Continue Plavix and Atenolol as prescribed.
- Screening BP/T4 every 6 months.
- 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.).

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PLAN

- Recommend recheck echocardiogram in 6 months to assess rate of progression, sooner if any issues arise in the interim.

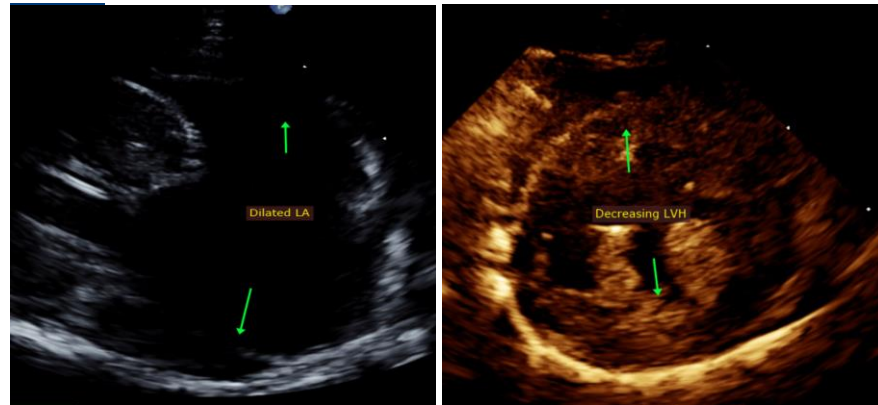
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DACVIM (Cardiology)

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 Specialty Services

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REFERRING VET

Dr. Masloski

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

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