



PATIENT

Peanut DeBaggis

PRESENTING CLINICAL SIGNS

History: History diabetes well-controlled on Prozac 1 U BID. Grade II-III/VI heart murmur.

SPECIES

Feline

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 highly irregular with a significant focal septal thickening. The remainder measures mild to moderately increased. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are hypertrophied, hyperechoic and remodeled. The endocardium appears remodeled.

BREED

DSH

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

SEX

Female Spayed

Mitral valve: The MV is thickened. 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. No aortic insufficiency. Dilation of the ascending aortic segment.

AGE

18 years

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: The right atrium is mildly enlarged.

WEIGHT

14lbs

Tricuspid valve: The tricuspid valve appears mildly thickened with moderate tricuspid regurgitation.

Pulmonary 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 210bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.2
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.82
LVID diastole (cm)	1.1
PW thickness (cm)	0.62
LVID systole (cm)	0.7
FS (%)	53

Doppler Measurements

PV Vmax (m/s)	0.45
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	1.9
TR PG (mmHg)	14

IMAGING

PERFORMED BY

Pamela Harrigan,
RDMS

INTERPRETATION OF THE FINDINGS

HCM (hypertrophic cardiomyopathy) is a rule out diagnosis once hypertension and hyperthyroid disease are ruled out. In this senior cat, both should be considered, particularly in light of a dilated aorta. The cause of the murmur is moderate tricuspid regurgitation with mild right atrial enlargement. Lack of significant right or left atrial enlargement, indicates the risk for complication at this time is low. In this geriatric cat, follow up is advised; however, significant progression within this animal's nature life span is consider unlikely.

HOSPITAL NAME

Norfolk County
Veterinary Clinic

REFERRING VET

Dr. Richards

INVOICE

26387

Prognosis is guarded long-term.

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Baseline BP and T4 are recommended with monitoring every 6 months.

DATE

9/15/22



PATIENT

Peanut DeBaggis

- Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.
- 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.).

SPECIES

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BREED

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PLAN

- Recommend recheck echocardiogram in 6-12 months to screen for progression, sooner if any clinical signs arise in the interim.

AGE

18 years

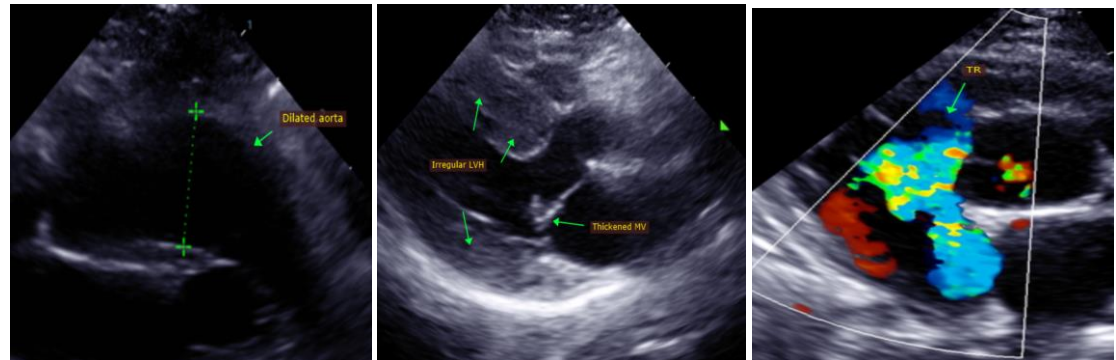
WEIGHT

14lbs

INTERPRETED BY

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 Lamy, DVM
 DACVIM (Cardiology)

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.

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

Norfolk County
 Veterinary Clinic

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