



PATIENT

Ava Harvey

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

13 months

WEIGHT

11.1lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Romero

HOSPITAL NAME

Mulnix Animal
Hospital

REFERRING VET

Dr. Thomas

INVOICE

21081

DATE

9/16/21

PRESENTING CLINICAL SIGNS

History: Recheck echo.

-Blood pressure: median value 154mmHg systolic, 80 diastolic, 108 mean, HR 113.

-Pertinent previous echo findings (2/2021 MML): Mild LVH, mild LAE, mild MR. IVSd: 0.64, LVWd: 0.67, LA: 1.35.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is mild left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No TR. Normal LVOT velocity. The anterior leaflet of the mitral valve appears mildly thickened. There is no obvious systolic anterior motion (SAM). Mild eccentric MR. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.0	NM	0.63	1.45	0.63	69	96
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		LVOT VEL (m/s)	RVOT VEL (m/s)	E max (m/s)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	1.6	1.6	1.34		0.8	0.74	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i></p> <p>Adapted from June Boon, Veterinary Echocardiography, 1998 Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild LVH and mild LAE persists unchanged compared to the prior study. This is still considered likely to reflect early hypertrophic disease; however, a lack of progression is certainly encouraging. No additional issues are identified at this time.

Given stable disease, no medications remain indicated. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM. Life-long monitoring of this young patient is recommended as progression will certainly indicate need for medical management.

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine).



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Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

SPECIES

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A recheck echocardiogram is recommended in 6-12 months, sooner if any issues arise in the interim.

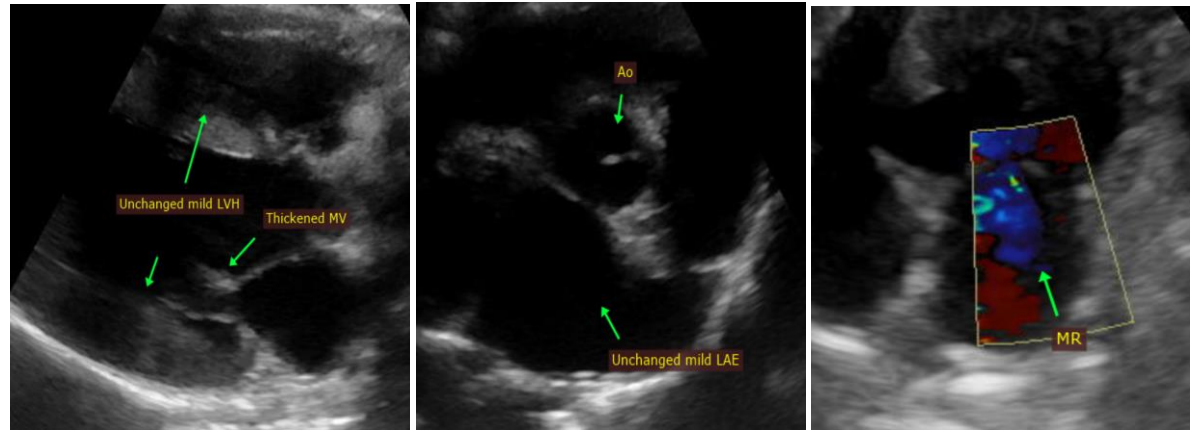
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(Cardiology)

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
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