

PATIENT

Nala Morris

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

7 years

WEIGHT

11lbs

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

21137

DATE

9/21/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History moderate tricuspid regurgitation and mild right heart enlargement. Current presentation: Nala is presently doing well with no major issues. Good appetite. CV/RESP: NSR, grade II/VI murmur noted best on the sternum, PSS, lung fields clear, compressible thorax. BP: 110mmHg x 5. No medications.
-Pertinent previous echo findings (2/2/21 MML): LA 1.2 cm; LA:Ao 1.3; IVS 0.52 cm; PW 0.53 cm. *No sedation

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. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The endocardium appears mildly remodeled. The papillary muscles are remodeled and hyperechoic.

Left atrium: The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. No aortic insufficiency.

Right ventricle: Right ventricle appears mildly enlarged, with a remodeled endocardium.

Right atrium: The right atrium is moderately enlarged with septal bowing.

Tricuspid valve: The tricuspid valve appears thickened with moderate to severe tricuspid regurgitation. Normal velocity.

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 190bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.3
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.48
LVID diastole (cm)	1.37
PW thickness (cm)	0.42
LVID systole (cm)	0.75
FS (%)	50

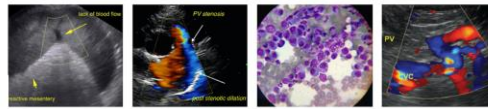
Doppler Measurements

PV Vmax (m/s)	0.93
AoV Vmax (m/s)	0.8
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.5
TR PG (mmHg)	26

INTERPRETATION OF THE FINDINGS

Significant tricuspid regurgitation persists with evidence of progression. The right atrium is progressively enlarged with bowing of the intra-atrial septum. The valve remains mildly thickened and similar to the prior study. No additional issues are identified, and the left heart is unchanged.

The degree of right atrial enlargement (moderate) in this case is concerning. Use of medications at this juncture is entirely theoretical as there is certainly no evidence to know if outcome will be changed. That being said, this degree of atrial dilation is concerning, and you could consider use of Pimobendan (off label use) if able to be



PATIENT medicated. An ACE-I could also have some theoretic benefit; however, the patients blood pressure is relatively low.
Nala Morris

SPECIES Prognosis is guarded long-term given progression and risk for complication going forward. Patient may be at risk for right-sided CHF, development of arrhythmias, and/or associated clinical signs in the future.
Feline

RECOMMENDATIONS

- Given progression consider theoretic use of Pimobendan in this case. 1.25mg PO q12h.
- Anesthetic risk is considered moderate, 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). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.
- Monitor for any clinical evidence of cardiac compromise, including abdominal distention, respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.

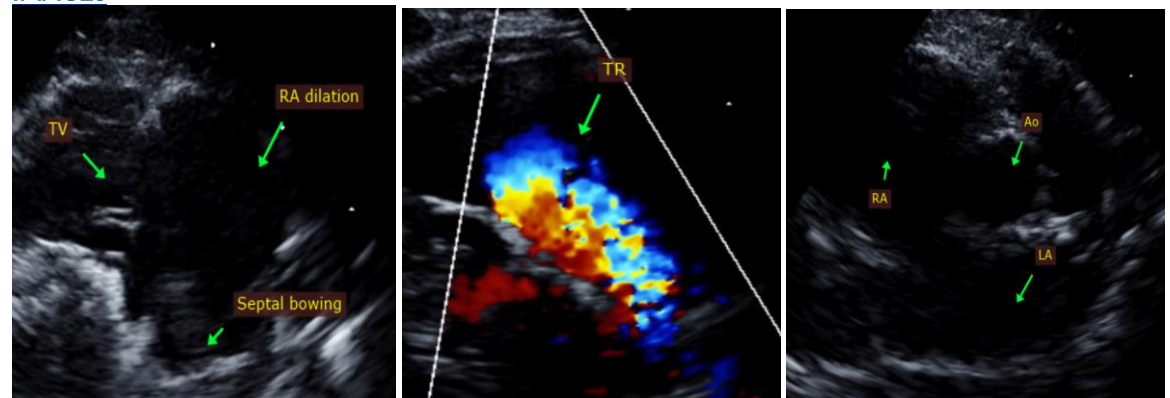
PLAN

- Recommend recheck echocardiogram in 6 months to screen for progression.

WEIGHT

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IMAGES



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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.

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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Echocardiogram performed by: Pamela Harrigan, RDCS

Pet Animal Ultrasound Service (4paus.com)