



PATIENT

Moxie Williams

SPECIES

Feline

BREED

Maine Coon Cat

SEX

Female Spayed

AGE

3.5 years

WEIGHT

9.06lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

26465

DATE

9/21/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HOCM. Currently, Moxie is doing well overall. Escaped from the house a few times causing anxiety with tachycardia. Once recovered, returns to normal. Good appetite and normal activity level. On exam: NSR, grade III/VI murmur with PMI on sternum, PSS, lung fields clear, compressible thorax. BP: 90-100mmHg. Current medications/dosages; 1) Atenolol 25mg 1/4 tab daily 2) Plavix/clopidogrel 75mg 1/4 tab daily 3) MiraLAX 1/8 tsp every 2-3 days *Sedated with propofol for study.

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 mildly increased, with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied and hyperechoic. The endocardium appears mildly remodeled.

Left atrium: The left atrium is mildly dilated with a horizontal component. No smoke seen.

Mitral valve: The anterior leaflet of the mitral valve is mildly elongated, however normal thickness. Systolic anterior motion is seen on 2D imaging. Trivial eccentric MR secondary to SAM.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Increased aortic outflow velocity with a dynamic profile. 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; 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 150bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.3
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.51
LVID diastole (cm)	1.2
PW thickness (cm)	0.60
LVID systole (cm)	0.57
FS (%)	53

Doppler Measurements

PV Vmax (m/s)	0.85
AoV Vmax (m/s)	6.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Hypertrophic obstructive cardiomyopathy (HOCM) persists. The LV wall thicknesses and LA dimension are slightly increased comparatively. While the LVOTO clearly persists on Spectral and 2D imaging, the MR has nearly resolved and the heart rate is well controlled. No obvious additional issues are identified.

Given these findings, continue Atenolol and Plavix as prescribed. No indication for additional medications at this time.



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Long term prognosis remains guarded; however, stage B feline heart disease is highly variable in outcome. Close monitoring for progressive LA dilation in the future will help determine long term prognosis and dictate need for additional medications.

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RECOMMENDATIONS

- Continue Atenolol and Plavix as prescribed.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).
- Anesthetic risk is considered mildly elevated, and 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.

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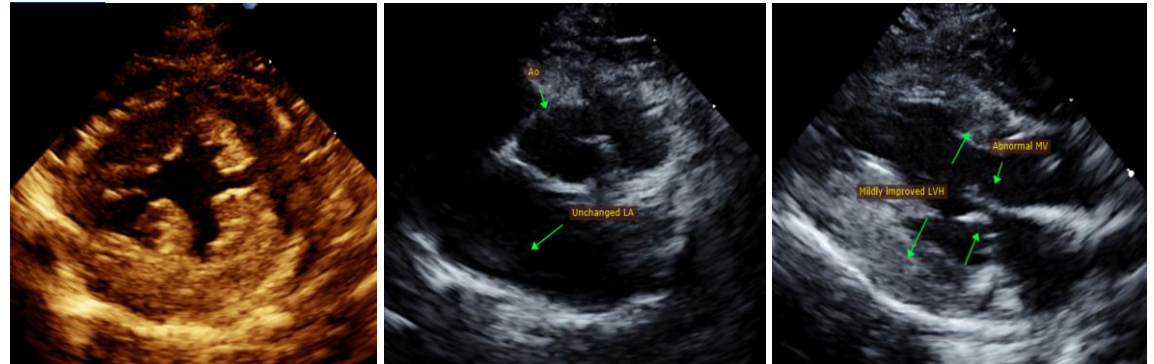
PLAN

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

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IMAGES

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Maggie Machen Lamy, DVM
DACVIM (Cardiology)



IMAGING PERFORMED BY
Pamela Harrigan, RDCS

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.

HOSPITAL NAME
Mass Veterinary Services

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.

REFERRING VET
Dr. Masloski

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

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