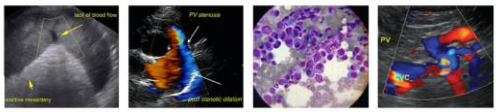
Mass Veterinary Specialty Services
1-413-734-1292



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Sammy Michon

SPECIES
Feline

BREED
Siamese Mix

SEX
Male Neutered

AGE
9 years

WEIGHT
15.44lbs

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
21165

DATE
9/22/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. Echocardiogram in January 2019 revealed trace tricuspid regurgitation and equivocal hypertrophy of the free wall. Currently, Sammy is presently doing well at home with no problems. He is eating well, and his activity remains normal. Needs dental work.
CV/RESP: NSR grade I/VI murmur noted on sternum ,PSS, lung fields clear, compressible thorax . BP 120-130mmHg. No medications. *No sedation.
-Pertinent previous echo findings: LA 1.23 cm; LA:Ao 1.16; IVS 0.48 cm; FW 0.62 cm.

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 is asymmetric with mild posterior wall thickening and a normal septal dimension. There is mild hyperechoic endocardium consistent with fibrosis. The papillary muscles appear hyperechoic and normal in dimension.
Left atrium: The left atrium is normal. No obvious smoke or thrombi seen.
Mitral valve: The mitral valve is normal in structure and mobility. 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; laminar flow. 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.
Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.
Pericardium/other: No obvious pericardial effusion. No obvious pleural effusion noted. Prominent fat pad. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 180bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.2
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.48
LVID diastole (cm)	1.45
PW thickness (cm)	0.61
LVID systole (cm)	0.70
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.98
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function are identified with no evidence of significant change compared to the prior study. The posterior wall measures mildly increased; however, this is unchanged from 2019. A lack of progression in this period of time would suggest this is likely a normal variant. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. No definitive cause is identified for the murmur in this study, making it likely physiologic in origin (i.e., secondary to tachycardia, volume changes, etc.).

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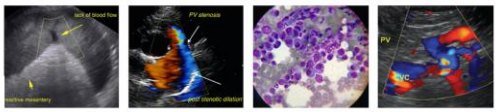

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Prognosis is open.

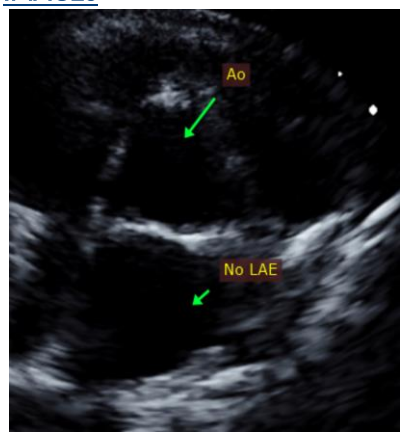
RECOMMENDATIONS

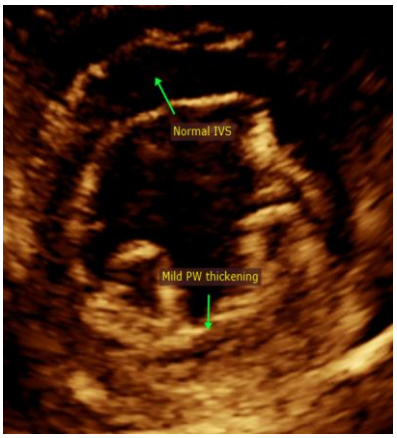
- Given these findings, no medications are indicated.
- Recommend further evaluation for scant pleural effusion.
- No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any cat should be monitored for intolerance (changes in RR/RE).
- Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

PLAN

- Recommend recheck echocardiogram in 1 year to assess for any progressive issues or development of disease the pre-existing murmur may mask.

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.

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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