

**PATIENT**  
Tiny Hellcat Araica

**SPECIES**  
Feline

**BREED**  
Maine Coon Cat

**SEX**  
Male Neutered

**AGE**  
11 years

**WEIGHT**  
13.25lbs

**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**  
21248

**DATE**  
9/28/21

**PRESENTING CLINICAL SIGNS**

History: Tiny Hell Cat is doing well with normal respirations and no coughing. He continues to eat well with normal activity. He has lost weight since his last visit. CV/RESP: NSR, grade II/VI murmur with PMI on sternum, PSS, lung fields clear, compressible thorax. BP: 140 mmHg x 4. No cardiac medications. \*No sedation.  
-Pertinent previous echo findings (11/24/20 MML): La 1.4 cm; LA:Ao 1.3; IVS 0.46 cm; PW 0.44 cm; mild LAE.

**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 largely normal with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. False tendons. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and hyperechoic.

**Left atrium:** The left atrium is mildly dilated. No obvious spontaneous contrast or thrombi.

**Mitral valve:** The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. Inflows consistent with diastolic dysfunction.

**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 trace tricuspid regurgitation.

**Pulmonic valve/pulmonary artery:** The pulmonic valve is normal in morphology and mobility. Trivial 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 188bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.1
LA diam (cm)	1.4
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.48
LVID diastole (cm)	1.5
PW thickness (cm)	0.44
LVID systole (cm)	0.72
FS (%)	50

**Doppler Measurements**

PV Vmax (m/s)	0.96
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

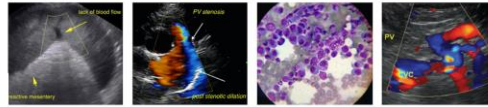
**INTERPRETATION OF THE FINDINGS**

Unchanged mild LA enlargement without significant LVH. These findings are similar to the prior study and most consistent with early Unclassified Cardiomyopathy. No obvious progression is identified, and no cause of the murmur visualized.

Prognosis is guarded long-term; however, relative stability is certainly a good sign.

**RECOMMENDATIONS**

- Given mild LA enlargement, no medications are indicated.
- Anesthetic risk is considered elevated, with high risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload.



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Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and dexdomitor. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

**SPECIES**  
Feline

- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc).

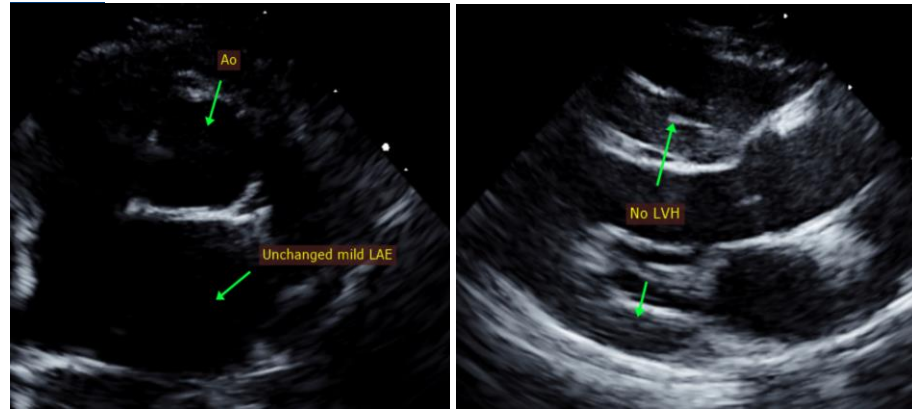
**PLAN**

- Recommend recheck echocardiogram in 6-12 months to screen for progression.

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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.

**IMAGING  
PERFORMED BY**

Pamela Harrigan,  
RDCS

**Maggie Machen Lamy, DVM**  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

**HOSPITAL NAME**

Mass Veterinary  
Specialty Services

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

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