

PATIENT

Fitch Henn

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

10 years

WEIGHT

12.25lbs

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

21268

DATE

9/29/21

PRESENTING CLINICAL SIGNS

History: Referred for cardiac evaluation. Fitch was noted to have a gallop early August. Radiographs revealed some fluid in his chest at which time he was started on Lasix (given one time) enalapril and pimobendan. He was also reported to have a marked elevation in his ProBNP levels (labs not available). He has been doing well; no dyspnea noted. He is eating well with normal activity and no current C/S/V/D/PU/PD. Fitch was initially seen by Mill Valley with records only available from Palmer AH. CV/RESP: gallop, grade I-II/VI murmur with PMI on sternum, PSS, lung fields clear, compressible thorax. BP: 130mmHg x 4.
-Current medications: 1) Pimobendan/vetmedin 2.5mg 1 tab twice a day 2) Enalapril 2.5mg 1/2 tab twice a day *Sedated with propofol for echo.
-CXR report: Cardiomegaly, mild PV enlargement. Scant pleural effusion, consistent with CHF.

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 fibrosis. False tendon. The papillary muscles are mildly hypertrophied and hyperechoic. The endocardium appears remodeled.
Left atrium: The left atrium and auricle are severely increased in dimension. No obvious smoke or thrombi seen.
Mitral valve: The anterior leaflet of the mitral valve is thickened and club-like, consistent with dysplasia. Stenosis seen on inflow morphology, 2D/m-mode imaging and color flow Doppler. No obvious systolic anterior motion is appreciated. Mild to moderate eccentric mitral regurgitation is noted.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. 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 170bpm.

2-Dimensional Measurements

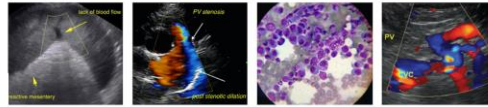
Ao diam (cm)	0.9
LA diam (cm)	2.0
LA:Ao (Swe)	2.2
IVS thickness (cm)	0.4
LVID diastole (cm)	1.68
PW thickness (cm)	0.42
LVID systole (cm)	0.76
FS (%)	55

Doppler Measurements

PV Vmax (m/s)	0.84
AoV Vmax (m/s)	0.98
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The diagnosis is mitral valve stenosis. This is a form of mitral valve dysplasia (i.e., present from birth), where the valve doesn't open adequately. There is also abnormal closer with a mild to moderate mitral leak as the cause of the murmur. No obvious systolic anterior motion is visualized, and the LV is overall normal. No additional issues are identified.



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The LA is severely dilated, indicating the patient is unstable and at high risk for decompensation and/or a thrombotic event at this time.

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Given the history of pleural effusion, full cardiac support is recommended as below including diuretic therapy. The goal is to prolong asymptomatic life. Long term prognosis is poor given the severity of disease. Most cats can be managed on medications for an average of 8-12 months once CHF occurs.

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RECOMMENDATIONS

- Institute diuretic furosemide/Lasix 1-2mg/kg PO q12h.
- Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges. Coat in entirety).
- Continue Benazepril as prescribed.
- Decrease Pimobendan to 1.25mg PO q12h.
- Recheck renal panel and HR/BP in 1-2 weeks.
- **Elective anesthesia is not advised.**
- **Monitor** for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

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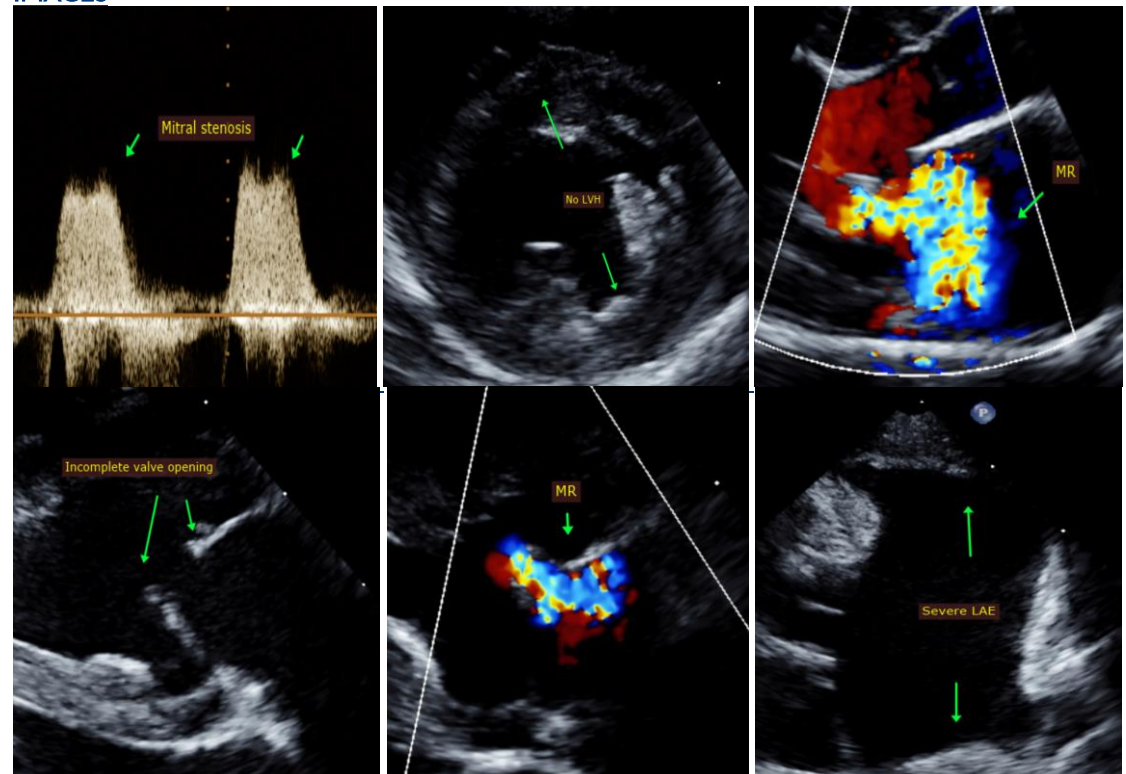
PLAN

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

IMAGES

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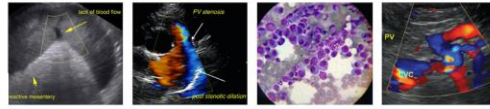
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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

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

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