



PATIENT

Cricket Gatti

PRESENTING CLINICAL SIGNS

History: New gallop heard at recent annual exam. Sedated with Alfaxalone. BP: 155mmHg.

SPECIES

Feline

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 dimensions are normal. There is mild fibrosis of the endocardium. The endocardium appears mildly remodeled. The papillary muscles appear hyperechoic and normal in dimension.

BREED

Ragdoll Mix

Left atrium: The left atrium is mildly enlarged. 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.

SEX

Female Spayed

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.

AGE

11 years

Right atrium: The right atrium is mildly enlarged.

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 pericardial or pleural effusion noted. No obvious cardiac masses.

WEIGHT

10.4lbs

2-Dimensional Measurements

Doppler Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.4
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.44
LVID diastole (cm)	1.64
PW thickness (cm)	0.39
LVID systole (cm)	0.8
FS (%)	53

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Norfolk County
Veterinary Services

REFERRING VET

Dr. Richards

INTERPRETATION OF THE FINDINGS

The primary abnormality identified is mild biatrial enlargement. The LV appears normal with evidence of hypertrophy or significant remodeling at this time. These findings may suggest early unclassified cardiomyopathy (UCM), particularly in light of a gallop on auscultation. Given only mild left atrial dilation, the risk for complication at this time is low. Monitoring for progression is certainly advised.

Prognosis is guarded until progression is assessed. No obvious indication for medications at this time. Patient may be at risk for progression to CHF, development of blood clots and/or malignant arrhythmias in the future.

An intermittent arrhythmia is noted throughout the study and a baseline ECG is recommended.

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Baseline ECG is recommended.

INVOICE

21292

DATE

9/30/21



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 Cricket Gatti

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 Feline

BREED
 Ragdoll Mix

SEX
 Female Spayed

AGE
 11 years

WEIGHT
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 Maggie Machen
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HOSPITAL NAME
 Norfolk County
 Veterinary Services

REFERRING VET
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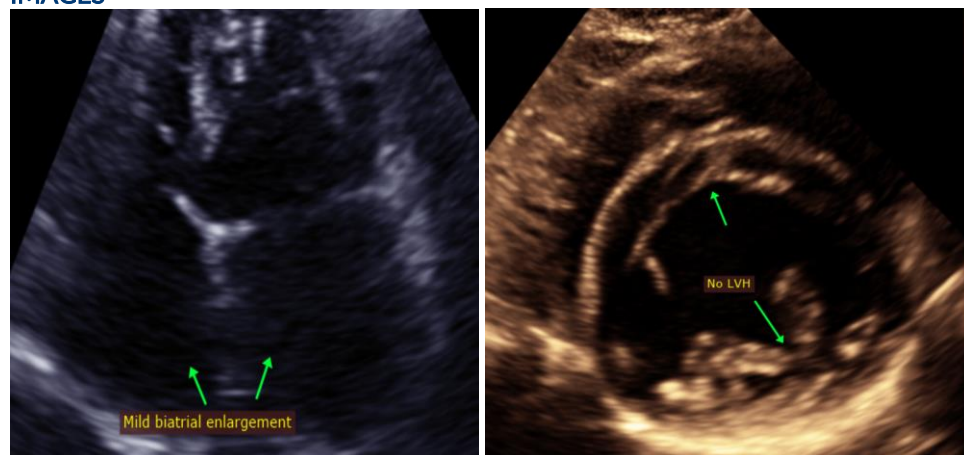
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- Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.
- 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 6months to screen for progression.

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.

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