

PATIENT

Barnaby Michaels-Paradise

SPECIES

Feline

BREED

Himalayan

SEX

Male Neutered

AGE

14 years

WEIGHT

10.19lbs

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

20902

DATE

9/7/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HCM noted on serial studies. Current presentation: Barnaby has been having coughing fits a few times a week. No labored breathing and continues to eat well while maintaining a normal activity level. History of asthma. CV/RESP: NSR, grade I/VI murmur noted best on sternum, PSS, lung fields clear with mild referred upper airway noises, compressible thorax, no cough with tracheal palpation. BP: 160mmHg x 5. No medications.

*Sedated with propofol.
-Pertinent previous echo findings (10/20/20 MML): LA 1.4 cm; LA:Ao 1.1; LVS 0.70 cm; PW 0.63 cm; LVOT 1.14 m/s; normal LA size; mild LVH with endocardial fibrosis.

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 mildly increased (IVS>PW), with a focal septal thickening. There is a diffusely hyperechoic endocardium consistent with significant fibrosis. False tendon. The papillary muscles are mildly remodeled and hyperechoic.

Left atrium: The left atrium is normal. No obvious spontaneous contrast or thrombi seen.

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. Trivial 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 pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 190bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	1.2
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.7
LVID diastole (cm)	1.5
PW thickness (cm)	0.60
LVID systole (cm)	0.7
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.6
	1
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

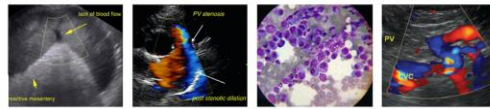
INTERPRETATION OF THE FINDINGS

Largely unchanged LV hypertrophy is identified. No obvious progression compared to the prior study with a persistently normal left atrial dimension. No additional issues are seen.

Prognosis remains guarded due to the highly variable rates of progression with subclinical feline cardiomyopathy. The cough remains non-cardiac in origin with low risk for CHF.

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- 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



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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.

SPECIES

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- 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 12 months to screen for progression, sooner if any clinical signs arise in the interim.

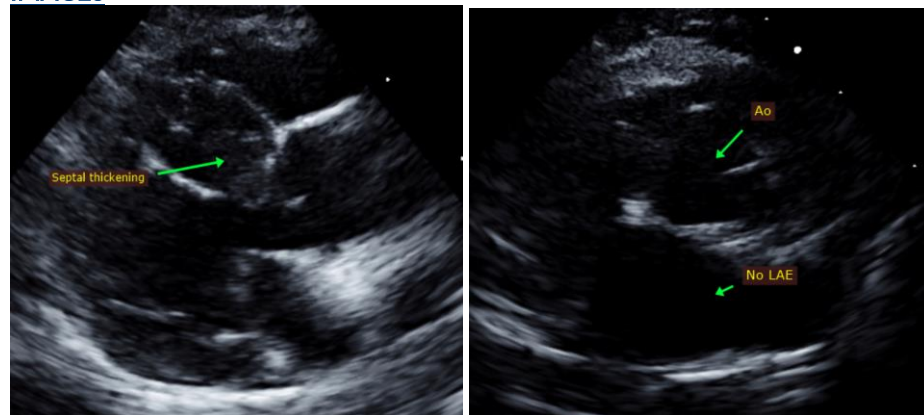
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

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
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HOSPITAL NAME

Mass Veterinary
Specialty Services

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

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