



PATIENT

Deacon James
Coverdale

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

11 years

WEIGHT

15.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jennifer Todd, DVM

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Kinney

INVOICE

46345

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History: Intermittent grade 1/6 heart murmur. Elevated BNP: 706. BP: 152, 144, 142mmHg.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 170bpm. P waves are difficult to visualize; however, a sinus origin is suspected. P for every QRS complex and vice versa. The P and QRS morphologies are positive. A single VPC is identified. No APCs, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with a single isolated VPC.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mild to moderately hypertrophied overall. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy with fibrosis (hyperechoic). The right ventricle is subjectively normal in size and morphology. There is moderate left atrial enlargement present. No right atrial enlargement present. There is no obvious systolic anterior motion (SAM) of the mitral valve present, with a normal LVOT velocity. Trace MR. No TR. Blood flow through the RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	7.1	NM	0.7	1.4	0.65	60	92
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		LVOT VEL (m/s)	RVOT VEL (m/s)	E max (m/s)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	1.8	1.7	1.6		1.1	0.7	NM

**Note: All measurements based upon multi-modal images and methods. An average value is reported.
Adapted from June Boon, Veterinary Echocardiography, 1998
Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.*

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. In this normotensive cat with presumable normal thyroid levels, primary disease is suspected. Regardless, the hypertrophy is mild to moderate with moderate LA enlargement. This would suggest the risk for complication is elevated. No additional issues are identified.

The ECG is largely normal; however, a single VPC is identified. A single abnormal beat is of little concern; however, monitoring is advised.

Even with left atrial enlargement, utilization of medications in subclinical feline cardiomyopathy cases is of debatable benefit. If the patient is easily medicated, consider use of ACE-I for both vasodilatory and anti-fibrotic benefits as well as Plavix (Clopidogrel) to decrease the risk for blood



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clot events. Atenolol is not clearly indicated without a significant obstructive component of disease. No additional medications are implicated at this time.

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).

Anesthetic risk is considered moderate, and 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, and 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.

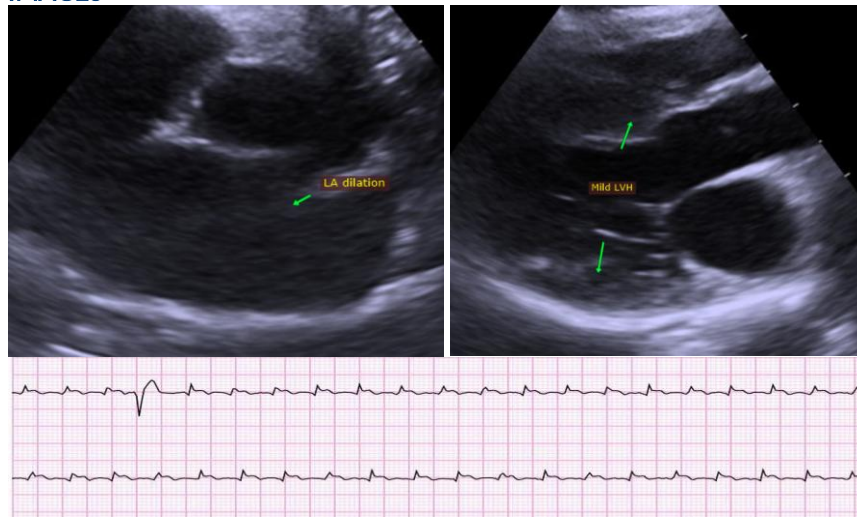
PLAN

Consider institution of an ACEI 0.5mg/kg PO q12h and Plavix (clopidogrel) 18.75mg PO q24h (NOTE: bitter on cut edges; coat in entirety) if able.

Monitor BP and T4 every 6 months.

A recheck echocardiogram and ECG are recommended in 6 months to assess for progression and reevaluate murmur origin.

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
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