



**PATIENT**

Mr. Squeakers  
Andrew

**PRESENTING CLINICAL SIGNS**

History: Patient had a Grade I/VI heart murmur at the wellness exam in Feb 2022. ProBNP was 133. Owner elected to monitor. At recheck exam 8/25/2022 the patient had a gallop rhythm. The ProBNP was 139. No clinical signs. BP: 106,108,114mmHg

**SPECIES**

Feline

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.

**BREED**

DLH

**Left ventricle:** The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are largely normal, although significant irregularity is noted. There is a diffusely hyperechoic endocardium consistent with significant fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium appears highly remodeled along the apex.

**SEX**

Male Neutered

**Left atrium:** The left atrium is mild to moderately dilated with a mildly dilated auricle. No obvious spontaneous contrast or thrombi seen.

**AGE**

10 years

**Mitral valve:** The mitral valve is normal in structure and mobility. Trivial eccentric mitral regurgitation. No obvious systolic anterior motion is seen.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

**WEIGHT**

15lbs

**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. Trace 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 140bpm.

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**2-Dimensional Measurements**

Ao diam (cm)	1.0
LA diam (cm)	1.7
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.57
LVID diastole (cm)	1.49
PW thickness (cm)	0.39
LVID systole (cm)	0.6
FS (%)	60

**Doppler Measurements**

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Anchor Animal  
Hospital

**REFERRING VET**

Dr. Pietsch

**INTERPRETATION OF THE FINDINGS**

The finding of left atrial enlargement in the absence of significant LV hypertrophy is most consistent with Unclassified Cardiomyopathy; however, a restrictive pathology cannot be ruled out. No significant hypertrophy is seen, ruling out typical hypertrophic disease. Regardless, the LA dimension is mild to moderately increased which is concerning for progressive elevation in filling pressures going forward. No cause for the murmur is identified in this study, making it likely physiologic in origin.

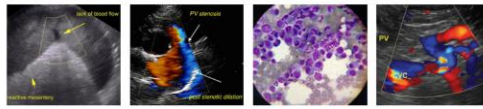
**INVOICE**

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Use of medications at this stage of disease is debatable and of unclear benefit. If the patient is easily medicated it would be reasonable to institute Pimobendan and Plavix given LA dilation and the nature of disease. An alternative approach would be close

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10/13/22



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monitoring for progression in the next 6 months. Prognosis is guarded given the highly variable nature of subclinical feline disease.

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Feline

**RECOMMENDATIONS**

- If elected, administer Pimobendan 1.25 mg by mouth every 12 hours.
- If elected, administer anti-coagulant Plavix/Clopidogrel 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).
- 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 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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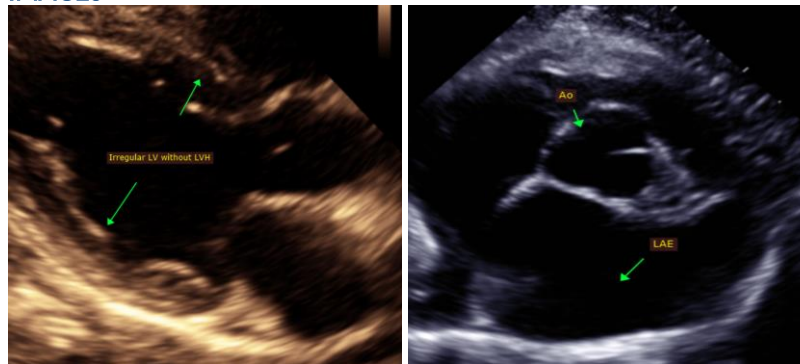
**PLAN**

- Recommend recheck echocardiogram in 6 months to assess rate of progression, sooner if any issues arise in the interim.

**WEIGHT**

15lbs

**IMAGES**



**INTERPRETED BY**

Maggie Machen  
 Lamy, DVM  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
 RDCS

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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.

**REFERRING VET**

Dr. Pietsch

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.

**INVOICE**

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**Maggie Machen Lamy, DVM**  
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 info@sonopath.com

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