



PATIENT PRESENTING CLINICAL SIGNS

Binx Guerra

History: Currently on enalapril, clopidogrel rx by BVH from cardio consult with echo 10.2020- diagnosed with restrictive cardiomyopathy. Hx of IBD, managed with diet and VitB12 injections. Elevated ProBNP, otherwise WNL last year.

SPECIES

-Current medications: Enalapril 1.25mg PO BID; Clopidogrel 75mg PO SID; VitB12 SC once monthly.

Feline

ECHOCARDIOGRAM FINDINGS

BREED

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

DSH

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. False tendon. The papillary muscles appear hyperechoic and normal in dimension.

SEX

Male Neutered

Left atrium: The left atrium is mild enlarged with a horizontal component. No obvious smoke or thrombi seen.

AGE

11 years

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No MR.

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

WEIGHT

12.5lbs

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.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 160bpm.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.5
LA:Ao (Swe)	1.44
IVS thickness (cm)	0.47
LVID diastole (cm)	1.4
PW thickness (cm)	0.43
LVID systole (cm)	0.8
FS (%)	46

Doppler Measurements

PV Vmax (m/s)	0.58
AoV Vmax (m/s)	0.76
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Falmouth Animal
Hospital

REFERRING VET

Dr. Madenjian

INTERPRETATION OF THE FINDINGS

The primary abnormality identified is mild left atrial enlargement. The LV appears relatively normal without significant remodeling and fibrosis of the wall. These findings likely reflect early unclassified/restrictive disease as was previously mentioned. Fortunately, the LA is only minimally dilated indicating low risk for complication at this time. No additional issues are identified.

INVOICE

21530

Give these findings, it is reasonable to continue two medications as previously recommended. If the LA does not progress in dimension, Plavix may be discontinued in the future. A baseline blood pressure is strongly recommended.

DATE

10/14/21



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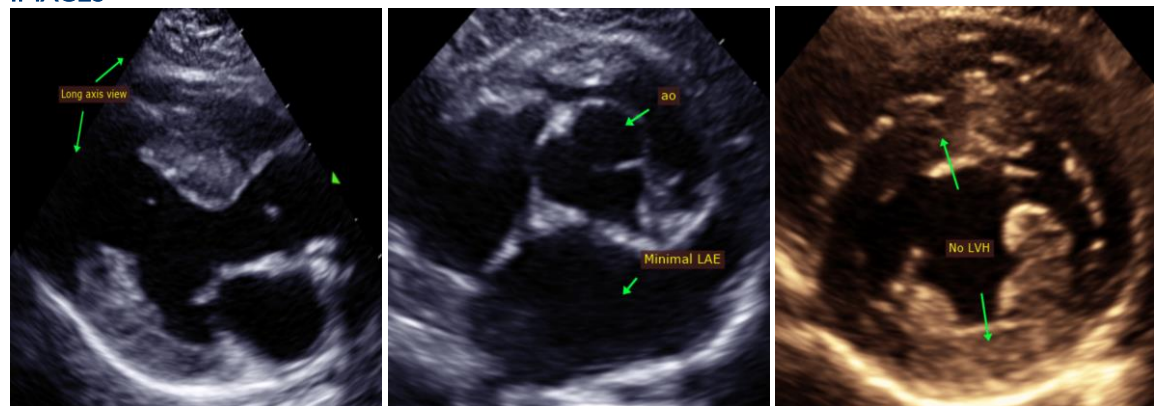
RECOMMENDATIONS

- Given these findings, continue Plavix and Enalapril as prescribed.
- Baseline BP recommended every 6 months.
- 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 6 months to assess for any progressive issues or development of disease the pre-existing murmur may mask.

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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