



PATIENT PRESENTING CLINICAL SIGNS

Bonk Harris

History: Recheck echo. History Unclassified Cardiomyopathy with severe left atrial enlargement and normal LV wall thickness. No clinical signs. Current medications: Furosemide 5mg BID, Clopidogrel 18.7 mg one daily, Pimobendan 1mg BID, Enalapril 1.25mg one daily. -Pertinent previous echo measurements (4/7/22 MML): LA 2.0 cm, LA:Ao 2.4, IVS 0.53 cm, PW 0.48 cm.

SPECIES

Feline

BREED

Persian

SEX

Male Neutered

AGE

10 years

WEIGHT

4.23lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

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, 20mm/mV. The average heart rate is 214bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. Isolated VPCs throughout; singles only and monomorphic (7 in a 120s tracing). No supraventricular ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus tachycardia with isolated VPCs.

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 normal yet irregular. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled and hyperechoic. The endocardium appears remodeled.

Left atrium: The left atrium is severely dilated with spontaneous contrast/smoke. No obvious thrombi. The auricle is also significantly dilated.

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. Trace central MR due to annular stretch.

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

Right ventricle: The RV appears largely normal.

Right atrium: The right atrium is normal.

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.

HOSPITAL NAME

Wignall Animal
Hospital

REFERRING VET

Dr. Thomas

INVOICE

27007

DATE

10/20/22

2-Dimensional Measurements

| | |
|--------------------|------|
| Ao diam (cm) | 0.8 |
| LA diam (cm) | 1.9 |
| LA:Ao (Swe) | 2.2 |
| IVS thickness (cm) | 0.46 |
| LVID diastole (cm) | 1.4 |
| PW thickness (cm) | 0.42 |
| LVID systole (cm) | 0.75 |
| FS (%) | 47 |

Doppler Measurements

| | |
|----------------|------|
| PV Vmax (m/s) | 0.94 |
| AoV Vmax (m/s) | NM |
| MR Vmax (m/s) | NA |
| TR Vmax (m/s) | NA |
| TR PG (mmHg) | NA |



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INTERPRETATION OF THE FINDINGS

Findings appear similar to the prior study. The LA is severely dilated, yet largely unchanged. The LV remains unremarkable, without significant LVH and adequate function. No additional issues are identified.

Continue all medications as prescribed.

The long-term prognosis remains guarded to poor even with medications; however, most cats are able to maintain a good quality of life for some time. There will always remain risk for progression to CHF and development of additional blood clots in the future.

While the development of occasional VPC's is concerning, only single abnormal beats are noted and this is not surprising given the degree of disease. No anti-arrhythmic therapy is recommended at this time given only single VPCs and no symptoms such as collapse. Sudden death is certainly possible in the future, and unfortunately even with anti-arrhythmic therapy the risk still persists. Monitoring is certainly advised; particularly should any collapse or significant lethargy be noted in the future.

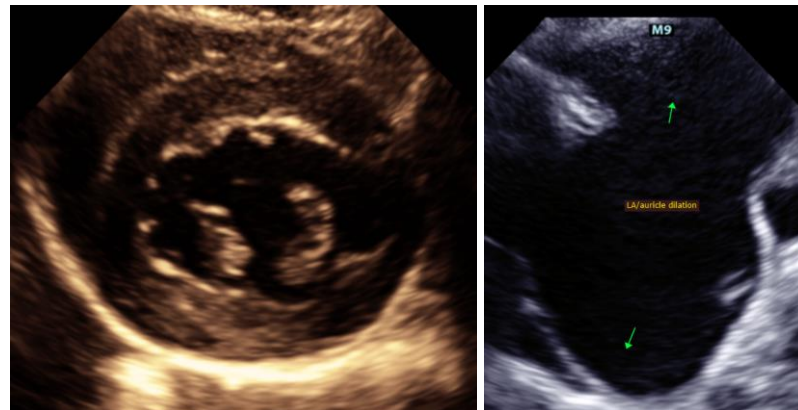
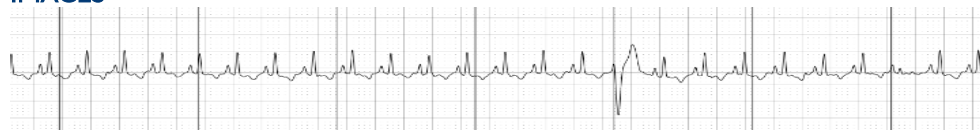
RECOMMENDATIONS

- Continue Lasix, Enalapril, Pimobendan and Plavix as prescribed.
- Monitor for syncope or collapse.
- **Elective anesthesia, fluid or steroid therapy is not advised.**
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- Monitor renal values and BP every 4-6 months lifelong.
- Recheck echocardiogram and ECG in 6 months, sooner if clinical signs arise.

IMAGES





PATIENT
Bonk Harris
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.

SPECIES
Feline
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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Persian
Maggie Machen Lamy, DVM
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info@sonopath.com

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