



**PATIENT**

Spinky Pugsley

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

13.5 years

**WEIGHT**

12.1lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Brian Barnes, DVM

**HOSPITAL NAME**

Westview Veterinary  
Hospital

**REFERRING VET**

Dr. Barnes

**INVOICE**

26724

**DATE**

10/5/22

**PRESENTING CLINICAL SIGNS**

History: Was found on a shelf, panting with tongue out, disoriented, making guttural sounds and growling when moved. No murmur or arrhythmia ausculted. Rule out thrombus.

-Abnormal lab results: ProBNP: Normal

-Radiographs: Showed mild cardiomegaly. No CHF. Concern for feline asthma.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is minimally increased in dimension. Decreased LV chamber dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Trace TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors

**CARDIAC CHART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.5	NM	0.6	0.96	0.6	56	90
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) (Abbott)	LA 2D short axis Base view (cm) (Abbott)		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	1.0	1.0	1.1		0.7	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. Both should be ruled out in this case as contributing factors. The degree of disease is minimal, with only minimal LVH and no LA dilation. It is worth noting that the LV chamber is decreased, and this can also reflect pseudohypertrophy; however, the reported lab work does not show dehydration or anemia. This would indicate the risk for clinical issues is low at this time. No additional issues are identified.

No medications are indicated prior to significant atrial dilation. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM. Prognosis is guarded long term, given the highly variable rates of progression with subclinical cardiomyopathy.



**PATIENT**

Spinky Pugsley

Given a normal left atrial dimension, the reported clinical issues are certainly not related to a cardiogenic thrombus. Other possibilities should be considered including a non-cardiogenic thrombus, neurologic event, etc.

**SPECIES**

Feline

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

**BREED**

DSH

Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

**SEX**

Female Spayed

**PLAN**

A screening blood pressure and T4 are recommended every 6 months lifelong.

**AGE**

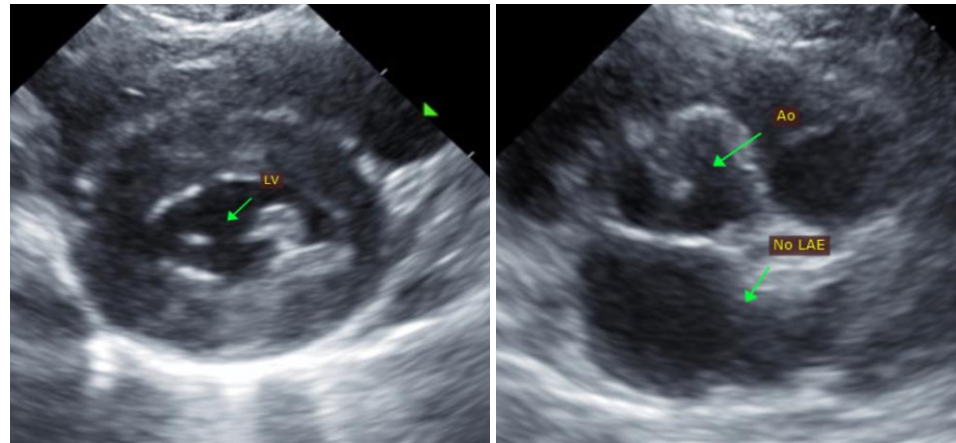
13.5 years

A recheck echocardiogram is recommended in 6-12 months to assess for progression, sooner if any issues arise in the interim.

**IMAGES**

**WEIGHT**

12.1lbs



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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. Barnes

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**

26724

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