



PATIENT

Comet Martin

PRESENTING CLINICAL SIGNS

History: Screening exam. 2 littermates recently passed unexpectedly due to heart disease. Sedated with Gabapentin and Torb.

SPECIES

Feline

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 166bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS is positive and low voltage. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.

BREED

DSH

ECG diagnosis: Normal sinus rhythm.

SEX

Male Neutered

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal to slightly decreased in dimension. The LV is dilated with depressed myocardial function. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled and atrophied. The left atrium is severely dilated and bulbous in appearance. No smoke seen in the LA. Trace mitral regurgitation secondary to annular stretch. The right atrium is mildly enlarged. The right ventricle appears normal. No tricuspid regurgitation. Blood flow through both the LVOT and RVOT are normal in velocity. No pericardial or pleural effusion. No obvious cardiac tumors.

AGE

8 years

WEIGHT

11.5lbs

CARDIAC CHART

INTERPRETED BY

Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (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	5.2	220	0.44	2.2	0.45	30	58
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	2.5	2.2	2.0	1.0	0.8	NM	

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Acton VC

REFERRING VET

Dr. Hess

**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.

INVOICE

45930

DATE

12/1/25

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of severe left atrial and ventricular enlargement with LV dysfunction is most consistent with restrictive cardiomyopathy (RCM); however, some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. There is also mild LV remodeling and fibrosis, which indicates significant diastolic dysfunction. The right heart is also affected, albeit to a lesser extent. The remainder of the study is largely unremarkable. The ECG is normal with a normal sinus rhythm.

Regardless of categorical classification, the finding of this degree of atrial dilation is concerning for progression in the future and full cardiac supportive medications are recommended as below. I have included low dose Lasix therapy given high risk for imminent complication. It must be



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mentioned that the patient's littermates have passed away and there is likely a genetic component to these findings. Sudden death remains a possibility, even on medications.

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Prognosis is guarded to poor long term even without reported symptoms. There will always be high risk for progression to CHF, malignant arrhythmias and/or development of blood clots/sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for progression to CHF at home.

BREED

DSH

Elective anesthesia, steroid or fluid use should be avoided in this patient.

SEX

Male Neutered

PLAN

Screening BP and chest radiographs are recommended. Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Administer Pimobendan (off label use) 1.25mg PO q12h. Institute low dose Lasix 1mg/kg PO q12h.

AGE

8 years

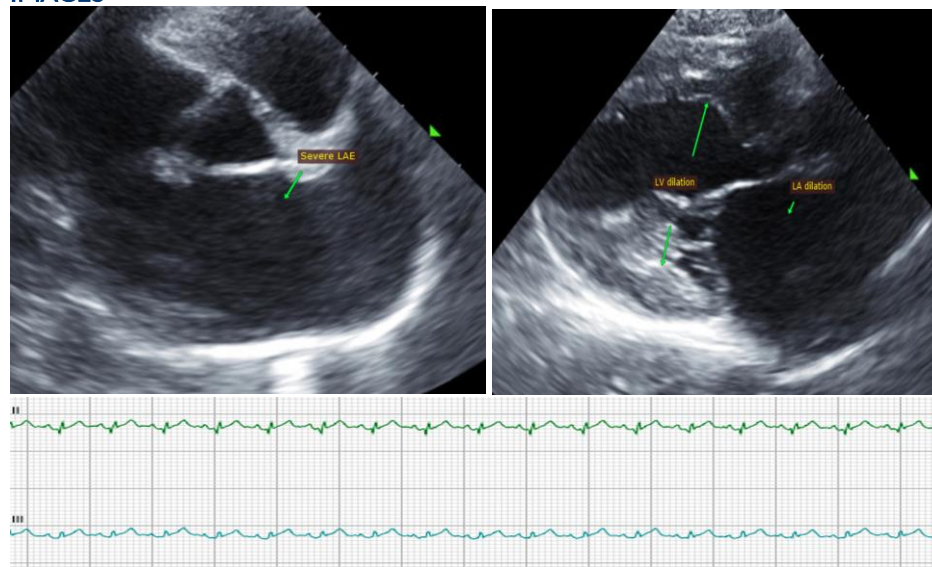
Recheck renal values and BP in 1-2 weeks, then every 3-4 months lifelong. If doing well and BP is >130mmHg, institute ACE-I 0.5mg/kg PO q12h.

WEIGHT

11.5lbs

A recheck echocardiogram is recommended in 6 months to assess for progression.

IMAGES



INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

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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.

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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