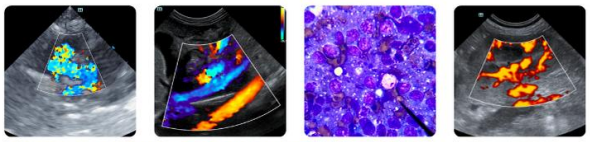

PATIENT
Romeo Shar

SPECIES
Feline

BREED
Maine Coon

SEX
Male Neutered

AGE
8.6 years

WEIGHT
23.4lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Renee Trionfetti, VMD

HOSPITAL NAME
Cypress VC

REFERRING VET
Dr. Johnson

INVOICE
46278

DATE
12/19/25

PRESENTING CLINICAL SIGNS

History: Possible new arrhythmia 12/17/25. No heart murmur appreciated. History of front-end lameness due to very severe OA in both elbows. Has gotten Solensia, Adequan, and a fish oil supplement for joint support. Not displaying any signs of a cardiac arrhythmia at this time. BP: 110, 107, 105mmHh. Sedated with Torb (ECG done prior to sedation).

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; 50mm/s, 20mm/mV. The average heart rate is 200bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. VPCs throughout; frequent yet singles only. No APCs, pauses or other dysrhythmias observed.
ECG diagnosis: Normal sinus tachycardia with frequent isolated VPCs.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased overall. Mild LV dilation with moderately depressed function. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied as well. The endocardium also appears remodeled. The left atrium is severely dilated and bulbous in appearance. Subtle smoke seen. The right atrium is severely dilated. The right ventricle appears normal. The mitral valve is mildly thickened with mild central MR. No obvious TR. Blood flow through both the RVOT and LVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

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	10.6	180	0.65	1.8	0.65	22	40
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	NM	2.5	2.3		0.8	0.8	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

The finding of a mildly hypertrophied left ventricle is most consistent with hypertrophic cardiomyopathy phenotype. That being said, severe biatrial enlargement with only mild LV hypertrophy and LV dysfunction is somewhat unexpected and end stage physiology may be present. Regardless of academic diagnosis, both atria are severely dilated, indicating there is risk for congestive failure going forward. Serial echocardiography will be necessary to determine progression.

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The ECG does show isolated VPCs are present as the cause of the arrhythmia. These are not surprising given a stressed patient in hospital with significant structural disease. No treatment is indicated based upon what is seen here in an overall asymptomatic patient; however, close follow-up is advised, particularly should any lethargy or syncope be noted in the future.

Even without reported symptoms, full cardiac support would be reasonable given high risk for acute decompensation. Unfortunately, the mean survival time for cats with severe disease is <1 year; however, most are able to maintain a good quality of life on medications. Patient will always remain at high risk for recurrent episodes of CHF, development of blood clots, and/or sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home. If it important to note, if or when CHF develops, euthanasia may have to be considered due to underlying renal disease.

Elective anesthesia, fluid or steroid therapy is not advised.

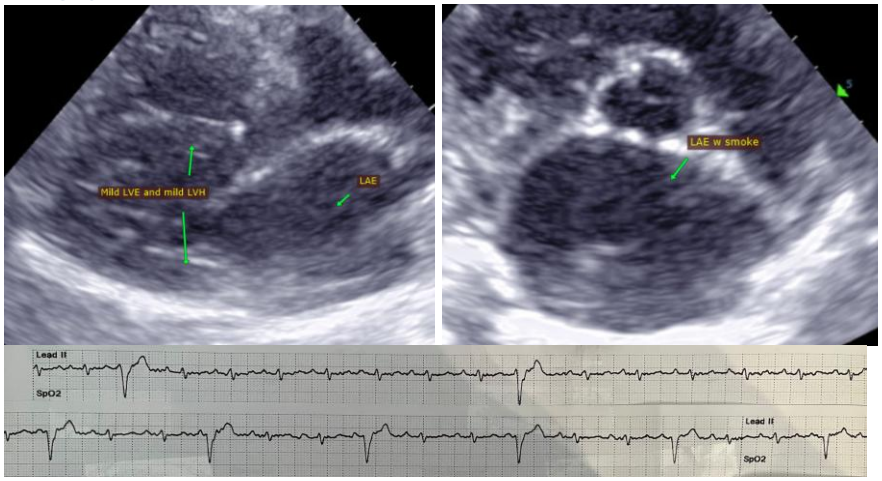
PLAN

Baseline BP is recommended. Administer blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges; coat in entirety). Administer Pimobendan 1.25mg PO q12h. Institute low dose Lasix 1mg/kg PO q12h.

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

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

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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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