



## PATIENT

Romeo Gaither

## SPECIES

Feline

## BREED

Ragdoll

## SEX

Male Neutered

## AGE

9 years

## WEIGHT

9lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Eileen Jenkins, DVM

## HOSPITAL NAME

Huntsville Veterinary  
Specialists &  
Emergency

## REFERRING VET

Dr.Jenkins

## INVOICE

27784

## DATE

12/2/22

## PRESENTING CLINICAL SIGNS

History: Initially presented 11/22 for severe, chronic hyporexia. At that time, he was hypotensive, febrile and had a grade 2/6 systolic parasternal murmur. Cardiac ProBNP was abnormal. Thoracic radiographs revealed "Mild generalized cardiomegaly without cardiogenic pulmonary edema". Patient was stabilized in hospital and started on Pimobendan 1.25mg PO BID, antibiotics and appetite stimulant prior to discharge on 11/27. At home the patient is doing well. Extensive infectious disease testing is negative, so antibiotics have been stopped. PE on 12/2: murmur is unchanged, but blood pressure has normalized, and ECG reveals NSR with no detected chamber enlargement. Normal RR/RE today until the patient was restrained for echo. Echo was performed with several breaks to normalize RR/RE, but the second half of the exam was done hastily due to patient stress. Patient would not permit transdiaphragmatic views.

-Abnormal PE/Chem/CBC/UA Results: ProBNP abnormal, normotensive.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The LV is normal in dimension with mildly depressed myocardial function. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled. The left atrium is severely dilated and bulbous in appearance. No smoke seen in the LA. The left auricle is dilated as well. No mitral regurgitation. The right atrium is normal. The right ventricle appears normal. No tricuspid regurgitation. Scant pericardial effusion. No pleural effusion. 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	4.1	NM	0.48	1.6	0.46	31	60
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	2.2	1.8	NM	NM	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 left atrial enlargement in the face of normal LV wall thickness/systolic dysfunction is most consistent with Unclassified Cardiomyopathy (UCM); however, some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. 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 and scant pericardial effusion independent of clinical signs.



**PATIENT**

Romeo Gaither

Respiratory signs are noted in the history which may be due to heart disease as discussed or may reflect concurrent airway issues. Highly recommend repeat chest radiographs for further evaluation, particularly if the symptoms do not improve with diuretic therapy.

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Feline

Prognosis is guarded to poor long term even without reported symptoms. There will always be risk for progression to CHF, malignant arrhythmias, 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 progression to CHF at home.

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**PLAN**

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

**AGE**

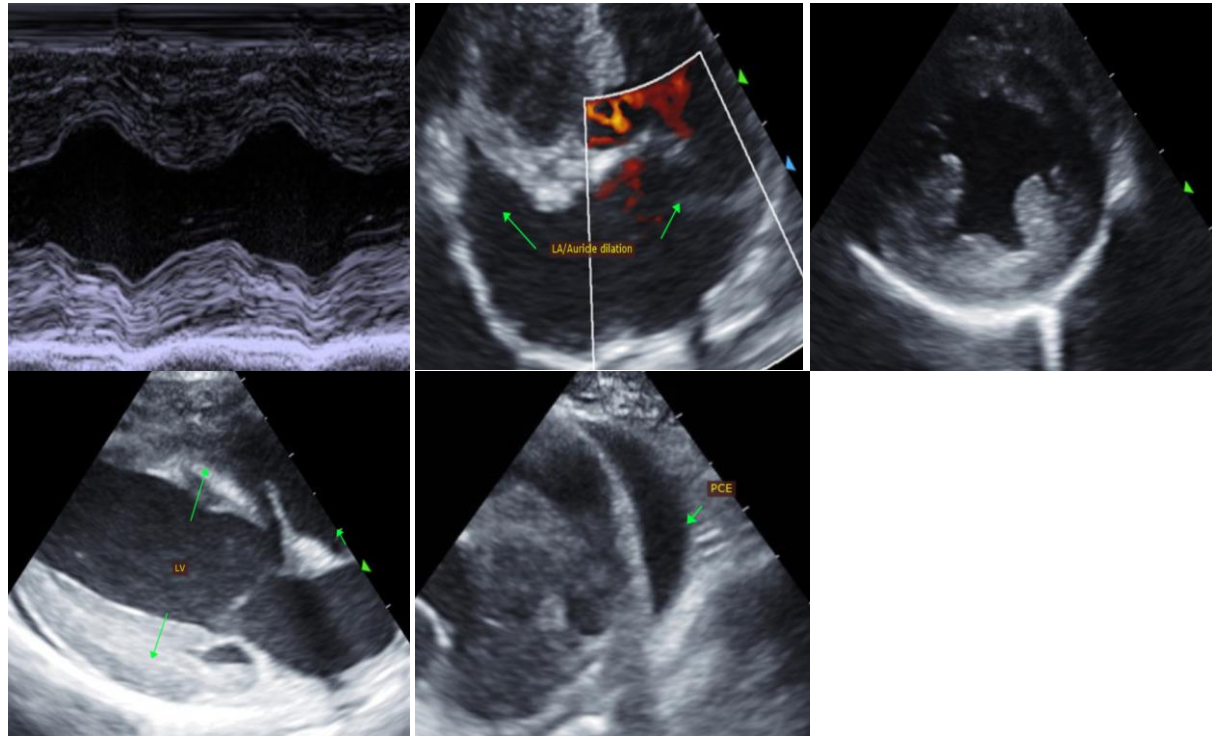
9 years

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

**WEIGHT**

9lbs

**IMAGES**



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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.

**INVOICE**

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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.

**DATE**

12/2/22



**PATIENT**

Romeo Gaither

Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

info@sonopath.com

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