



**DATE PRESENTING CLINICAL SIGNS**

12.9.25 History: Presented for a pre dental work up 2 weeks ago. Arrhythmia noted with tachycardia. Elevated BNP. FIV positive.

**PATIENT**

Lucky Hester -Pertinent abnormal PE/Chem/CBC/UA Results (11/6/25): BNP 339, Creat 2.5, SDMA 18 rest of CBC/Chem and t4 unremarkable.  
-ECG (Idexx): Atrial fib and tachycardia  
-Current medications: None.  
-Sedation used: Torbugesic.

**SPECIES**

Feline -Pertinent previous ultrasound results: No previous.  
-STAT: Approved, ECG declined at this time.  
-Imaging performed by: Stephanie Warga RDCS, RVT.

**BREED ECHOCARDIOGRAM FINDINGS**

DSH 2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with mild septal hypertrophy contrasting a normal free wall. Normal LV diameter with adequate function. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is mild papillary muscle remodeling. The left atrium is severely enlarged with auricular involvement. Smoke visualized; no thrombi seen. The right atrium is severely enlarged. The right ventricle appears mildly affected as well. The mitral valve appears largely normal. No evidence of systolic anterior motion; however, outflow velocities are not adequately assessed. Mild to moderate MR. Mild TR. Normal velocity. Scant pericardial effusion in some views. No pleural effusion seen. No obvious cardiac masses. Tachycardia noted throughout.

9.29.11 **CARDIAC CHART**

**WEIGHT**

8lbs

**INTERPRETED BY**

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

**HOSPITAL NAME**

Greenbrier VC

**REFERRING VET**

Dr. Boccanfuso

| 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                         | 3.5-0.55                                 | <2 (mean 1.5)              | 3.5-0.55                  | 35-67          | 80-100      |
| PATIENT                   | 3.6              | 275                             | 0.69                                     | 1.47                       | 0.46                      | 53             | 87          |
| 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                             | 2.0                                      |                            | 1.0                       | 1.0            | NM          |

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**

46091

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The suspected diagnosis is HCM-phenotype. This is based upon an irregular LV with mild septal hypertrophy. Hypertension and hyperthyroidism should be ruled out as contributing issues. Both atria are significantly enlarged, indicating high risk for spontaneous CHF and/or blood clot events. Regardless of cause, the degree of disease is severe and an arrhythmia has developed, as was reported in the history. No further comment can be made without an ECG; however, tachycardia is certainly present throughout the study.

Given these findings, **full lifelong cardiac supportive medications** should be instituted at this time, even without reported clinical signs. The mean survival time for cats with CHF is 8-12 months, however most cats are able to maintain a good quality of life on medications. Patient will always be at high risk for recurrent episodes of CHF and development of blood clots in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

**Avoid anesthesia, steroids and fluid therapy unless absolutely necessary in the future.**

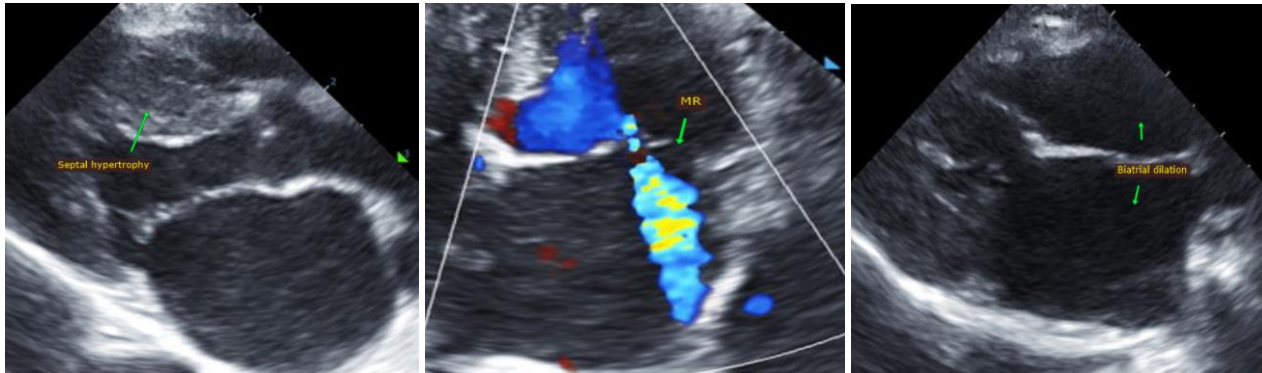
#### **PLAN**

ECG should be obtained. Screening BP/T4 every 6 months. Institute Lasix 1-2mg/kg PO q12h. Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges and should be coated in entirety or administer in a gel cap). Institute Pimobendan 1.25mg PO q12h.

Monitor renal values, BP and effusion status in 1-2 weeks. If normotensive and doing well at that time, institute vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h. Monitor BP and renal values every 3-4 months lifelong.

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.

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