



**PATIENT**

Dudley DeLottinville

**PRESENTING CLINICAL SIGNS**

History: Had 2 episodes of being wobbly after standing up. Grade 3/6 murmur. BP-131, 152, 116mmHg. RR: 36, HR: 180. BW-WNL

**SPECIES**

Feline

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The left atrium is moderately dilated and bulbous in appearance. No obvious smoke seen. The right atrium is normal. The right ventricle appears normal. The mitral valve is mildly thickened with no MR. Blood flow through both the LVOT and RVOT is normal in velocity. No TR. No pericardial or pleural effusion. No obvious cardiac tumors.

**BREED**

Burnese

**SEX**

Male Neutered

**CARDIAC CHART**

**AGE**

8 years

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.5	200	0.38	1.2	0.39	47	82
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE <small>(Swe) (Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	LVOT VEL  <small>(m/s)</small>	RVOT VEL  <small>(m/s)</small>	E max  <small>(m/s)</small>	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	1.9	1.8	1.6	1.2	1.0	NM	
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> Adapted from June Boon, Veterinary Echocardiography, 1998 Abbott J &amp; 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.</p>							

**WEIGHT**

7.8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

Dundas Animal  
Hospital

**REFERRING VET**

Dr. Middleton

**INVOICE**

29032

**DATE**

2/16/23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The finding of significant left atrial enlargement in the face of minimal LV wall changes is most consistent with Unclassified Cardiomyopathy (UCM); however, some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. Serial echocardiography will be helpful to confirm the diagnosis and assess for progression. No obvious additional issues are identified.

Reported episodes are likely cardiogenic in origin, secondary to atrial dilation. Possible causes include cardiogenic thrombi, arrhythmias and/or CHF. Given what is seen here in addition to this compliant, full cardiac support is suggested including low-dose Lasix therapy. This may be a slightly conservative approach; however, there is risk for decompensation going forward.

The mean survival time for cats with CHF 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 and development of blood clots in the future. Monitoring of sleeping



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breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

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**PLAN**

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

**BREED**

Burnese

Recommend screening systemic blood pressure and recheck renal values in 10-14 days. If eating well, able to medicate and BP >130mmHg at recheck exam, institute benazepril or enalapril 2.5mg PO q12h.

**SEX**

Male Neutered

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if recurrence of clinical signs in the interim.

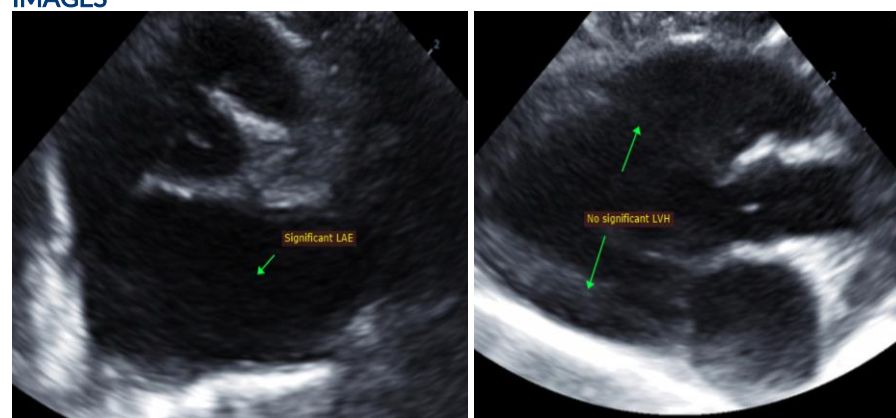
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8 years

**IMAGES**

**WEIGHT**

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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.

**HOSPITAL NAME**

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Hospital

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)  
info@sonopath.com

**REFERRING VET**

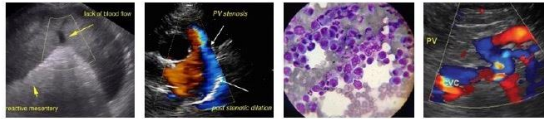
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**PATIENT**

Dudley DeLottinville

**SPECIES**

Feline

**BREED**

Burmese

**SEX**

Male Neutered

**AGE**

8 years

**WEIGHT**

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