



PATIENT

Oreo Dum

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

7.5 years

WEIGHT

17lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jennifer Todd, DVM

HOSPITAL NAME

Lambs Gap Animal Hospital

REFERRING VET

Dr. Campbell

INVOICE

22727

DATE

2/22/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of grade I/VI systolic heart murmur and gallop rhythm. Blood pressure today was 110/73, 111/73, 111/76mmHg.

-Current medications: Pimobendan 1.25mg PO BID and Clopidogrel 18.75mg PO SID.

-Pertinent previous echo findings (7/2021 MML): HCM with moderate to severe LVH, severe LAE. IVSd: 0.86, LVWd: 0.81, LA: 2.0.

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; 25mm/s, 10mm/mV. The average heart rate is 190bpm (range 176-214bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P morphology is positive. The QRS is inverted. No ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus tachycardia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is highly irregular with basilar thickening and contrasting apical thinning. The LV function is depressed. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is moderate papillary muscle hypertrophy and remodeling. The left atrium is severely enlarged. No evidence of intra-atrial smoke. The right atrium is normal. The right ventricle appears normal. The mitral valve is normal with normal mobility. No evidence of systolic anterior motion. No mitral regurgitation present. There is no aortic insufficiency. Blood flow through both the LVOT and RVOT are normal in velocity. There is no tricuspid regurgitation present. No pericardial or pleural effusion is visualized.

CARDIAC CHART

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	7.7	NM	0.85	1.5	0.77	35	68
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	1.9	2.0	1.9	0.7	0.5	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.*



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) persists with evidence of progression. This is considered burnout physiology with regions of thinning and development of systolic dysfunction. The LA remains severely dilated; however, no obvious smoke or thrombi are visualized. The ECG is unremarkable with a normal sinus tachycardia.

Given progressive changes seen here, I would consider institution of Lasix in this case. This is due to the extremely high risk of decompensation, rather than any reported symptoms. Continue Pimobendan and Plavix as previously prescribed.

Prognosis is poor long term; however, it is encouraging that this cat continues to do well at home.

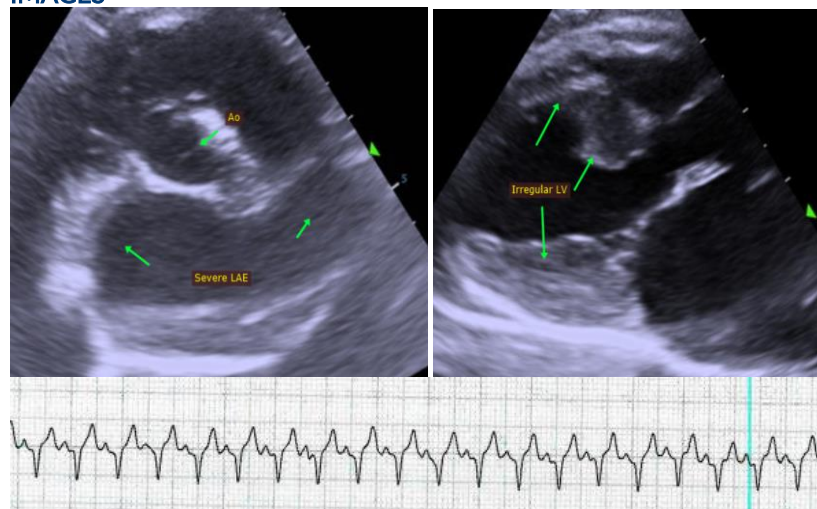
Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). Avoid anesthesia, steroids or fluid therapy.

PLAN

Institute Lasix 1mg/kg PO q12h. Continue Pimobendan and Plavix as prescribed. Monitor renal values/BP every 4-6 months lifelong.

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if clinical signs arise.

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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info@sonopath.com

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