



PATIENT

Hobbes Deloria

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

4 years

WEIGHT

14.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Hobbes was seen in November 2021 for dragging his left hind limb and dyspnea. He was suspected to have an ATE with a cool limb and poor pulses. Radiographs revealed cardiomegaly and diffuse alveolar pattern. Hobbs was started on pimobendan, Plavix and Lasix. He is one of a litter of 7 cats, 3 of whom died at birth. His biological mother was noted to have a heart condition (unknown type). He is presently eating well with normal activity although the family has been restricting his activity. On auscultation: NSR, grade II/VI murmur noted best on sternum, PSS, lung fields clear, compressible thorax. BP: 80mmHg x 5.
-Current medications: 1) Pimobendan/vetmedin1.25mg 1 tab twice a day 2) Lasix/furosemide 12.5mg 1 tab twice a day 3) Plavix/clopidogrel 75mg 1/4 tab daily *No sedation for study.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is decreased with obliteration of the chamber. The LV wall thicknesses are markedly increased. False tendon. The endocardium appears remodeled. The papillary muscles are hypertrophied. Systolic function is depressed.
Left atrium: The left atrium and auricle are markedly dilated. No obvious thrombus. Subtle spontaneous contrast is suspected.
Mitral valve: The mitral valve is normal in structure and mobility. No systolic anterior motion is seen. Mild central mitral regurgitation.
Aortic valve/Aorta: Aortic valve is normal. Normal outflow velocity, laminar flow. No AI.
Right ventricle: Right ventricular appears normal.
Right atrium: The right atrium is normal.
Tricuspid valve: Tricuspid valve is normal with no obvious TR.
Pulmonic valve/Pulmonary artery: The pulmonic valve appears normal in morphology and mobility. Decreased pulmonic outflow velocities with laminar flow. No PI.
Pericardium/other: Scant pericardial effusion. No obvious pleural effusion. No obvious cardiac tumors.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 220bpm.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

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2/23/22

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	2.3
LA:Ao (Swe)	2.3
IVS thickness (cm)	0.73
LVID diastole (cm)	1.3
PW thickness (cm)	0.9
LVID systole (cm)	0.9
FS (%)	31

Doppler Measurements

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Familial hypertrophic cardiomyopathy (HCM) is suspected given the patient history and age of onset. Hypertension and hyperthyroid disease should be considered as possible exacerbating factors lifelong (hypotension in hospital). The left atrium is massively enlarged with evidence of subtle smoke, indicating high risk for spontaneous CHF and/or blood clot events. These findings certainly confirm the prior episode was due to a cardiogenic thrombus, which has since resolved. The finding of scant pericardial effusion is concerning for recurrent congestive heart failure; however, if the patient is doing well this is likely sub-clinical. Continuation of full cardiac medications are recommended as



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below. If the patient is easily medicated, consider addition of Spironolactone going forward for potential long term benefit.

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The mean survival time for cats once CHF or a thrombus develops is <1 year; however, it is encouraging that this patient continues to do well. Patient will always be at high risk for recurrent episodes of CHF, development of blood clots, malignant arrhythmias and/or sudden death in the future.

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RECOMMENDATIONS

- Administer Furosemide 1-2mg/kg PO q12h.
- Administer Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).
- Administer Pimobendan 1.25mg PO q12h.
- Consider addition of Spironolactone 1-2mg/kg PO q12h.
- Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.
- Avoid anesthesia, steroids and/or fluid therapy unless absolutely necessary in the future.

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PLAN

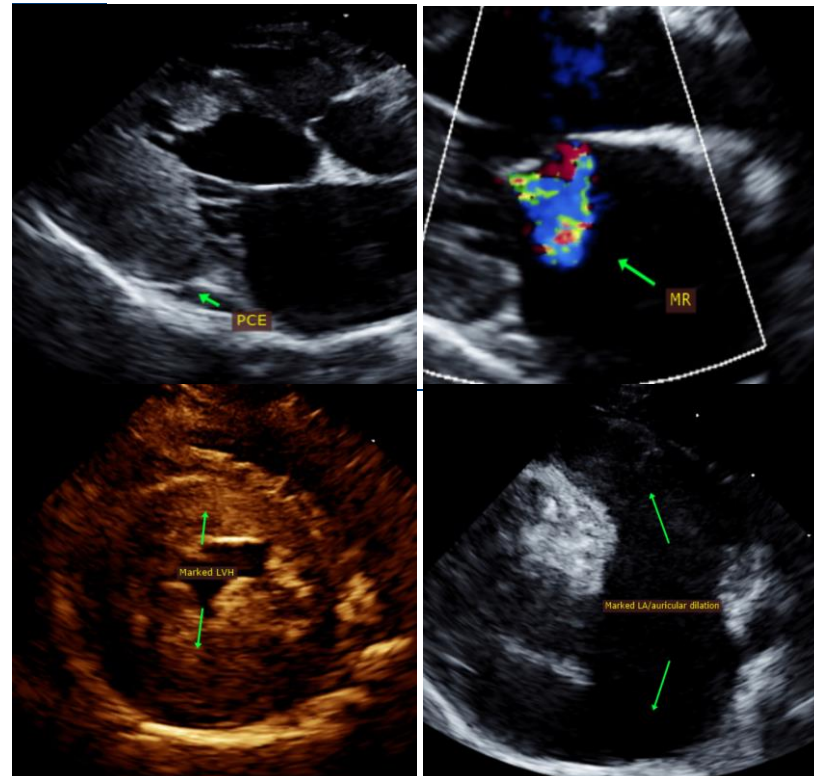
- Monitor renal values/BP every 6 months lifelong.
- A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if issues arise in the interim.

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IMAGES



IMAGING PERFORMED BY

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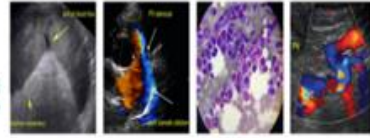
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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