



PATIENT

Jasper Quick

SPECIES

Feline

BREED

DMH

SEX

Male Neutered

AGE

15 years

WEIGHT

9.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Greg Kuhlman, DVM

HOSPITAL NAME

Red River Animal
Emergency Hospital &
Referral Center

REFERRING VET

Dr. Kuhlman

INVOICE

47004

DATE

2/26/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Heart murmur. Gallop rhythm heard 1/8/206 (neither were heard today). CXR showed cardiomegaly. BP: 102mmHg. Sedated with Gabapentin. Labs: WNL.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only. Cardiomegaly. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The LV is dilated with depressed myocardial function. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled. The left atrium is markedly dilated and bulbous in appearance. Subtle smoke seen within the chamber. Trace mitral regurgitation secondary to annular stretch. The right atrium is normal. The right ventricle appears normal. No tricuspid regurgitation. Blood flow through both the LVOT and RVOT are normal in velocity. No pericardial or pleural effusion. No obvious cardiac tumors.

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	4.4	NM	0.45	2.0	0.47	20	38
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		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	2.4	2.2		0.6	0.7	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 & 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>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of marked left atrial enlargement in the face of mild LV dilation and significant dysfunction is most consistent with restrictive cardiomyopathy (RCM); however, end-stage HCM or some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. There is also mild LV remodeling and fibrosis, which indicates significant diastolic dysfunction. The remainder of the study is largely unremarkable.

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.



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Prognosis is guarded to poor long term even without reported symptoms. There will always be high risk for progression to CHF, malignant arrhythmias and/or development of blood clots/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.

Elective anesthesia, steroid or fluid use should be avoided in this patient.

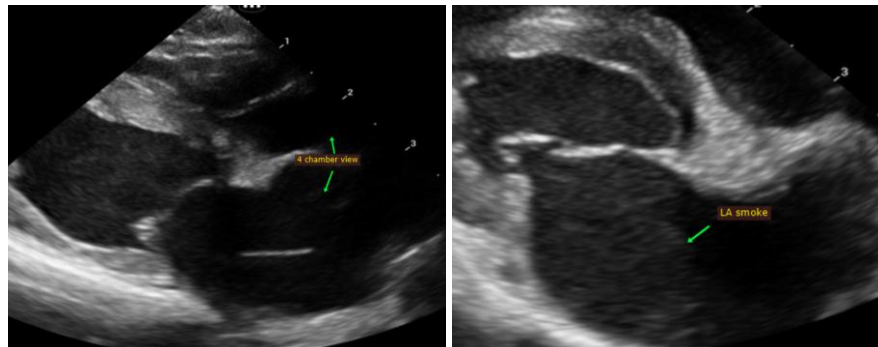
PLAN

Screening BP, ECG and chest radiographs are recommended. Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Administer Pimobendan (off label use) 1.25mg PO q12h. Institute low dose Lasix 1mg/kg PO q12h.

Recheck renal values and BP in 1-2 weeks, then every 3-4 months lifelong. If doing well and BP is >130mmHg, institute ACE-I 0.5mg/kg PO q12h.

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

Maggie Machen Lamy, DVM

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