



DATE PRESENTING CLINICAL SIGNS

2/26/26

PATIENT

Patch Murray

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2013

WEIGHT

4.7kgs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Eastern Animal
Hospital

REFERRING VET

Dr. Warner-Jones

INVOICE

47001

History: Recheck echo. Evaluation of general malaise, weight loss, increased coughing and facial lesion. Gallop rhythm noted with 1/6 murmur. Recent Dx Hyperthyroid, not currently controlled Total T4 15.8.
Pertinent abnormal PE/Chem/CBC/UA Results: Labwork not attached, reported as: Total T4 is 15.8.

Otherwise overall normal CBC and Organ function testing.
CXR: Abnormal cardiac silhouette, perihilar edema, caudal broncho-interstitial pattern, asthma
Current medications: Client had reduced BID felimzole 2.5 mg dosing due to perception of him not tolerating it at BID. Discussed needs BID dosing resuming today. Started Furosemide 12.5 mg 1/2 tablet po bid until echocardiogram. Long term Atenolol 25 mg 1/4 tablet SID

Sedation used: Not required to complete full diagnostic ultrasound.
Pertinent previous ultrasound results: 2/16/24 MML/IP: HOCM mild; improved/normalized on atenolol
STAT: Requested.
Imaging performed by: Stephanie Warga RDCS, RVT.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at both 25 and 50mm/s; 5mm/mV. The average heart rate is 188bpm with a regular rhythm. The rhythm is suspected to be sinus in origin, although P waves can only be identified at 20mm/mV (ie low voltage). Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular, with a relatively normal septum contrasting thinning of the free wall. The free wall appears hypokinetic with decreased LV function overall. The papillary muscles are normal in size and remodeled. The left atrium is severely enlarged. No obvious smoke or thrombi. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility with trace/mild MR. Trace TR, AI and PI. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

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	5	NM	0.45	2.0	0.362	28	58
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		0.9	0.8	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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Significant cardiomyopathy persists with evidence of progression. Previously stable disease now shows evidence of end-stage physiology, with thinning of the free wall and development of LV dysfunction. This is most consistent with an infarcted region. As a response, the LA is now severely dilated suggesting high risk for complication. No additional issues are identified and the ECG appears normal.

Whether these progressive findings purely correlate with a recent diagnosis of hyperthyroidism, or if there is a component of innate progressive structural disease is unclear. Ideally discontinuing atenolol would be ideal from a cardiac standpoint to maximize LV function; however, this should not be done until the thyroid is well controlled as step one. Continuing full cardiac support including pimobendan is advised at this juncture given the reported CXR results. Close monitoring of sleeping breathing rates is recommended going forward.

Prognosis is guarded to poor long term, as the cardiac changes are likely irreversible. Patient will be at risk for recurrent CHF, malignant arrhythmias, blood clot events and/or sudden death going forward. Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.).

Anesthetic risk is significantly elevated, with high risk for complication.

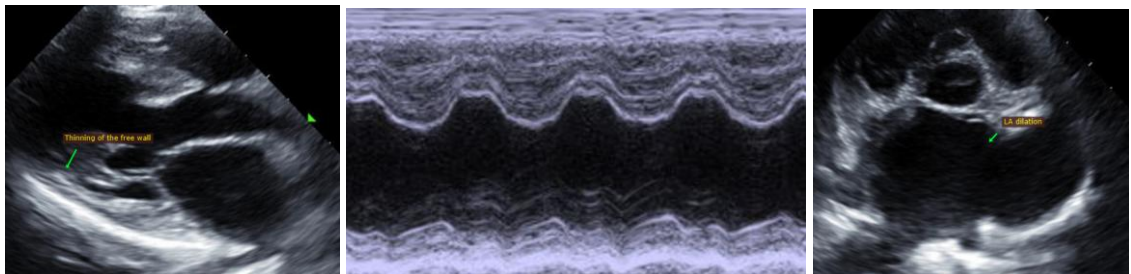
PLAN

Screening BP is recommended. Continue atenolol until the thyroid is controlled; then discontinue. Pending BP > 130mmHg, institute ACEI 0.5mg/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). Institute Lasix 1-2mg/kg PO q12h.

Recheck renal values/BP in 1-2 weeks, then every 3-4 months lifelong. Screening blood pressure and T4 are recommended every 6 months.

Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues 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.

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