

## PATIENT

Rory Aljilani

## SPECIES

Feline

## BREED

DMH

## SEX

Female Spayed

## AGE

6 years

## WEIGHT

10.5lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Dana Alterman,  
RDMS, LVT

## HOSPITAL NAME

Eubank Animal Clinic

## REFERRING VET

Dr. Hamel

## INVOICE

29268

## DATE

2/27/23

## PRESENTING CLINICAL SIGNS

History: Presented to ER on 2/17 for dyspnea, intermittent gallop, and cardiomegaly by CXR. Grade 2/6 left sided systolic murmur. Diagnosed with CHF. HCM suspected. BP: 240mmHg.  
-Current medications: Clopidogrel 75mg 1/4 T PO SID, Furosemide 10mg in AM 5mg in PM, Benazepril 2.5mg PO SID.

**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; 50mm/s, 20mm/mV. The average heart rate is 200bpm with a regular rhythm. The QRS appears wide and notched. No P waves are identified. No ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Rule out normal sinus tachycardia.

## ECHOCARDIOGRAM FINDINGS

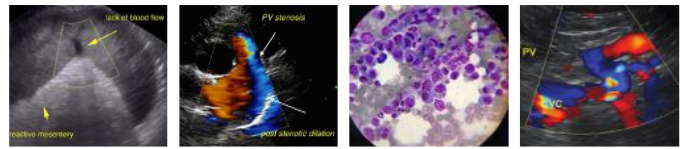
2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with a normal septum and severe free wall hypertrophy. There is a diffusely hyperechoic endocardium consistent with fibrosis. Decreased systolic function. There is papillary muscle hypertrophy and remodeling. 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. There is no obvious mitral regurgitation present. No pericardial or pleural effusion. No obvious cardiac masses.

## CARDIAC CHART

| FELINE CARDIAC PARAMETERS  | BODY WEIGHT (kg)               | HR (BPM)  | IVSd (cm)<br><small>(Moise, Pipers)</small>                      | LVIDd (cm)<br><small>(Moise, Pipers)</small> | LVWd (cm)<br><small>(Moise, Pipers)</small> | FS (%)                        | EF (%) |
|--|--------------------------------|---|--|--|---|-------------------------------|--------|
| NORMAL PARAMETER   | -----                          | 150-240   | 0.35-0.55  | <2<br>(mean 1.5)                             | 3.5-0.55                                    | 35-67                         | 80-100 |
| PATIENT  | 4.8                            | NM  | 0.43   | 1.3  | 0.82  | 30                            | 58     |
| FELINE CARDIAC PARAMETERS  | LA/AO<br><small>(Boon)</small> | LA/AO HEART BASE<br><small>(Swe)<br/>(Abbott)</small> | LA 2D short axis<br>Base view<br>(cm)<br><small>(Abbott)</small> | LVOT VEL<br><small>(m/s)</small>             | RVOT VEL<br><small>(m/s)</small>            | E max<br><small>(m/s)</small> |        |
| NORMAL   | <1.5                           | <1.3  | <1.2   | <1.6   | <1.3  | <0.9                          |        |
| PATIENT  | NM                             | 2.2   | 1.9  | NM   | NM  | NM                            |        |
| <p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i><br/>Adapted from June Boon, Veterinary Echocardiography, 1998<br/>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> |                                |   |  |  |   |                               |        |

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis for LV hypertrophy once a patient is confirmed euthyroid and normotensive. Both should be considered, **particularly given a markedly elevated blood pressure**. Reassessment is advised to ensure persistence and need for medication. Regardless, what is seen here is severe with asymmetric LV hypertrophy and systolic dysfunction.. The left atrium is significantly enlarged, indicating high risk for spontaneous CHF and/or blood clot events. Continued full lifelong cardiac supportive medications is recommended as below. If the patient is doing well, the Lasix dose does not need to be altered.



**PATIENT**

Rory Aljilani

The ECG shows a wide complex tachycardia. Unfortunately, given the insensitivity of the tracing, further comment cannot be made. If the tachycardia persists despite medical therapy, a six-lead tracing is strongly recommended.

**SPECIES**

Feline

The mean survival time for cats with CHF is 8-12 months, however most cats are able to maintain a good quality of life on medications. Patient will always be at high risk for recurrent episodes of CHF and development of blood clots in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home. Avoid steroids and fluid therapy unless absolutely necessary in the future.

**BREED**

DMH

**PLAN**

**SEX**

Female Spayed

Consider six-lead ECG tracing as discussed. Administer Lasix 1-2mg/kg PO q12h. Institute Pimobendan 1.25mg PO q12h. Continue Plavix 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Continue Benazepril 2.5mg PO SID.

**AGE**

6 years

Monitor renal values and BP every 3-4 months lifelong. If BP is persistently elevated, highly recommend further systemic evaluation, further vasodilator therapy and IM consultation.

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

**WEIGHT**

10.5lbs

**IMAGES**

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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.

**INVOICE**

29268

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.

**DATE**

2/27/23

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