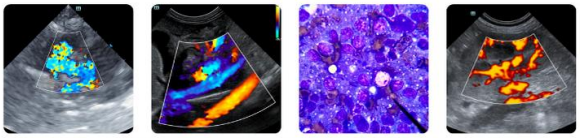


PATIENT

Fiona Green

SPECIES

Feline

BREED

Sphynx

SEX

Female Spayed

AGE

6 years

WEIGHT

8.2lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Crystall Hill, RVT

HOSPITAL NAME

Beatties PH Ancaster

REFERRING VET

Dr. Davis

INVOICE

46721

DATE

2/5/26

PRESENTING CLINICAL SIGNS

History: Adopted about 3 years of age, no previous known heart disease. Presented for coughing and was diagnosed with Asthma. Breathing has not improved on inhaler and now abdomen is quite distended and showing signs of abdominal breathing. Has been on Fluticasone BID. Ultrasound guided centesis revealed straw colored fluid. AUS showed hepatic congestion.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 200bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is inverted. The MPA is shifted right. VPCs are noted throughout; singles only, polymorphism identified. No APCs, pauses or other dysrhythmias observed.
ECG diagnosis: Sinus tachycardia with isolated VPCs.

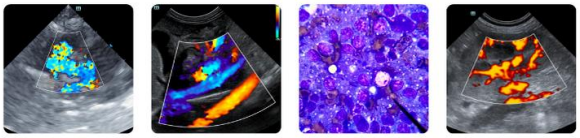
ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased overall. Mild LV dilation with moderately depressed function. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied as well. The endocardium also appears remodeled. The left atrium is severely dilated and bulbous in appearance. Subtle smoke seen. The right atrium is moderately dilated. The right ventricle is minimally hypertrophy. The mitral valve is mildly thickened with mild central MR. Trace TR. Blood flow through both the RVOT and LVOT is decreased in velocity. Pockets of pleural and scant pericardial effusion seen. Ascites seen on subcostal views. 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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.7	240	0.66	1.47	0.62	25	48
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	2.8	2.2	2.0		0.5	0.8	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.



PATIENT

Fiona Green

SPECIES

Feline

BREED

Sphynx

SEX

Female Spayed

AGE

6 years

WEIGHT

8.2lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Crystall Hill, RVT

HOSPITAL NAME

Beatties PH Ancaster

REFERRING VET

Dr. Davis

INVOICE

46721

DATE

2/5/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of a mildly hypertrophied left ventricle is most consistent with hypertrophic cardiomyopathy phenotype. That being said, severe biatrial enlargement with only mild LV hypertrophy and LV dysfunction is somewhat unexpected and end stage physiology is likely present. Regardless of academic diagnosis, both atria are significantly dilated, indicating there is risk for congestive failure going forward. Serial echocardiography will be necessary to determine progression.

The ECG does show isolated VPCs are present as well. These are not surprising given a stressed patient in hospital with significant structural disease. No treatment is indicated based upon what is seen here in an overall asymptomatic patient; however, close follow-up is advised, particularly should any lethargy or syncope be noted in the future.

These findings certainly support CHF as the cause of tricavitary effusion. Hospitalization should be considered if necessary. Unfortunately, the mean survival time for cats with severe disease is <1 year; however, most are able to maintain a good quality of life on medications. Patient will always remain at high risk for recurrent episodes of CHF, development of blood clots, and/or sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home. If it important to note, if or when CHF develops, euthanasia may have to be considered due to underlying renal disease.

Elective anesthesia, fluid or steroid therapy is not advised.

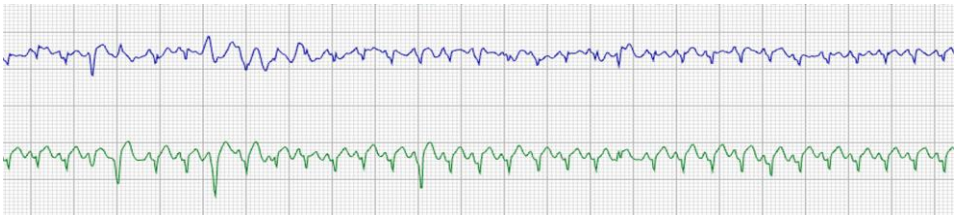
PLAN

Baseline BP is recommended. Administer blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges; coat in entirety). Administer Pimobendan 1.25mg PO q12h. Institute Lasix 1-2mg/kg PO q12h. Body cavity centesis as needed for stabilization.

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

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

IMAGES



PATIENT

Fiona Green

SPECIES

Feline

BREED

Sphynx

SEX

Female Spayed

AGE

6 years

WEIGHT

8.2lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Crystall Hill, RVT

HOSPITAL NAME

Beatties PH Ancaster

REFERRING VET

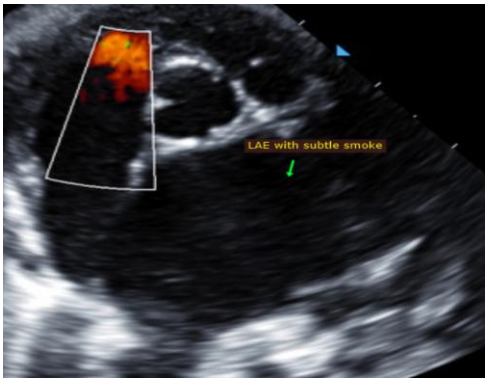
Dr. Davis

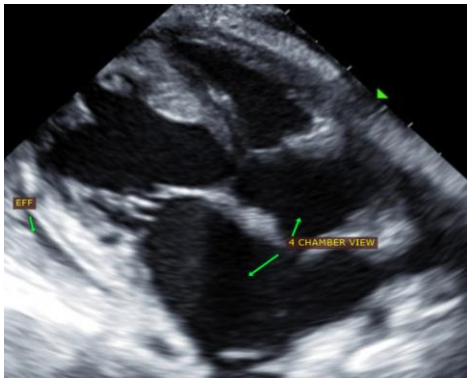
INVOICE

46721

DATE

2/5/26





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)
info@sonopath.com