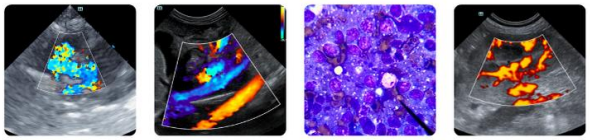

PATIENT

Charlie Terwilliger

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

15 years

WEIGHT

7.6lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Liz Berndt, DVM

HOSPITAL NAME

College Park Animal Hospital – VetCor

REFERRING VET

Dr. Liz Berndt

INVOICE

47196

DATE

3/11/26

PRESENTING CLINICAL SIGNS

History: History of hyperthyroidism; well controlled currently but took several months to regulate. Grade 3/6 heart murmur. Severely elevated ProBNP test despite better regulation of hyperthyroidism. Sedated with Alfaxalone, Torb and Gabapentin.
-Abnormal PE/Chem/CBC/UA Results: high normal T4 (4.0), elevated ProBNP (1,173), FIV positive, Stage 2/4 CKD (creatinine 1.7, USG 1.026).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with no LVH seen. Mild LV dilation with a mild increase in sphericity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. Mildly remodeled papillary muscles. The systolic function is adequate. The left atrium is moderately dilated. The right atrium is normal. No TR. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. Blood flow through both the LVOT and RVOT are normal in velocity. No PI or AI. No effusions or obvious cardiac tumors identified.

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	3.4	NM	0.45	1.7	0.48	35	70
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	1.7	1.7		1.1	1.1	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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only abnormality identified is moderate LA and mild LV dilation with increased sphericity. The systolic function is intact, and this may suggest a form of unclassified cardiomyopathy. Regardless of categorical classification, moderate left atrial enlargement suggests there is risk for complication going forward. No additional structural issues are identified.

It is important to note that no medications have been shown to change the course of disease at this stage. That being said, due to LA and LV dilation I would consider institution of Pimobendan and Plavix at this juncture. An alternative approach in this case due to the advanced age of the patient would be to simply monitor for any associated clinical signs. Discussion with the owner is advised.

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Elective anesthesia is not advised.

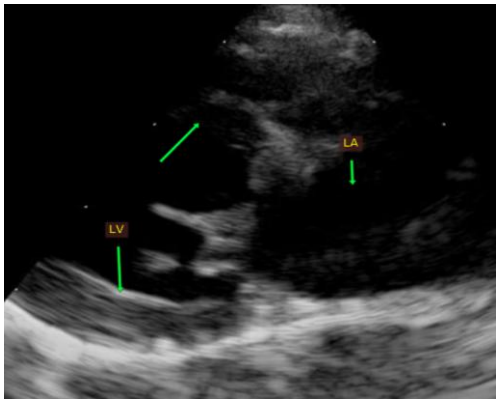
Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change). Monitoring of sleeping breathing rates is recommended to screen for early decompensation going forward. Patient will always be at risk for spontaneous CHF, development of blood clots and/or sudden death in the future.

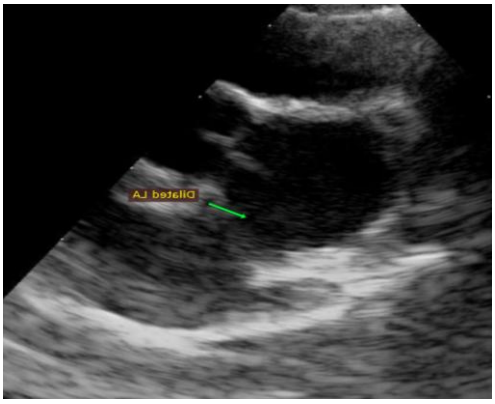
PLAN

If able/elected, institute Plavix 18.75mg PO q24h (NOTE: Medication is bitter along the cut edge; coat in entirety or place in a gel cap); If able/elected, institute Pimobendan 1.25mg PO q12h.

A recheck echocardiogram is recommended in 6 months to screen for progressive atrial dilation, sooner if clinical issues arise in the interim.

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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