



**PATIENT**

Powder Chapin

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

15 years

**WEIGHT**

10.7lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Eduardo Rodriguez  
III, RCS

**HOSPITAL NAME**

Wood River Animal  
Hospital

**REFERRING VET**

Dr. Fischer

**INVOICE**

29682

**DATE**

3/17/23

**PRESENTING CLINICAL SIGNS**

History: Well controlled hyperthyroid cat. Doing well clinically, rechecking cardiomyopathy. Lab work pending. Current meds: 1) Methimazole 5mg- 1/2 t PO QD, 2) Clopidogrel 18.75mg PO QD (compounded liquid), 3) Pimobendan 1.25mg- 1 tab PO BID.

-Pertinent previous echo findings (7/1/22 MML): LA 1.7 cm, LA:Ao 1.97, LV 1.8 cm, IVS 0.43 cm, PW 0.50 cm, severe LAE, mild MR.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.

**Left ventricle:** The LV diameter is borderline increased with adequate myocardial function. The LV wall thicknesses are largely normal. There is a mildly hyperechoic endocardium consistent with fibrosis. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and hyperechoic.

**Left atrium:** The left atrium is severely dilated and bulbous in appearance. No obvious spontaneous contrast or thrombi seen.

**Mitral valve:** The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. Mild eccentric MR.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

**Right ventricle:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

**Right atrium:** The right atrium is normal in dimension.

**Tricuspid valve:** The tricuspid valve appears normal with no tricuspid regurgitation.

**Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

**Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 210bpm.

**2-Dimensional Measurements**

Ao diam (cm)	0.9
LA diam (cm)	1.8
LA:Ao (Swe)	2.0
IVS thickness (cm)	0.43
LVID diastole (cm)	1.9
PW thickness (cm)	0.40
LVID systole (cm)	1.0
FS (%)	48

**Doppler Measurements**

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Compared to the prior study, findings are similar. Mild MR is unchanged with significant yet stable left atrial dilation. The LV morphology and function is similar to previous, and no obvious additional issues have developed.

These findings still represent likely UCM, and continued monitoring is recommended.

Given these findings, reasonable to continue Pimobendan and Plavix going forward. There is high risk for progression to clinical signs/CHF at any point, and our goal would be to prolong time to symptoms. Prognosis is guarded with this degree of atrial dilation, with risk for CHF, blood clot events, arrhythmias and/or sudden death going forward.



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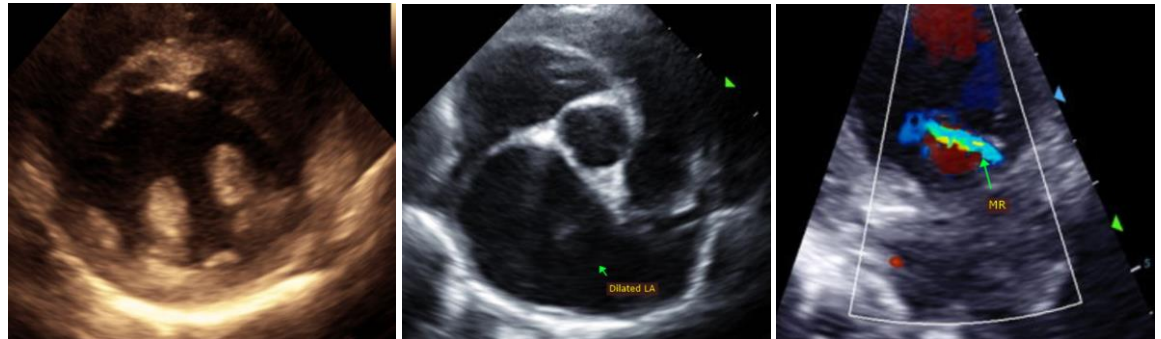
**RECOMMENDATIONS**

- Continue blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges).
- Continue Pimobendan (off label use) 1.25mg PO q12h.
- Elective anesthesia is not advised, as there is high risk for complication. Risk: benefit ratio should be considered. Consider consultation with and/or referral to a facility with an anesthesiologist. Should you elect to proceed, patient will be at high risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).
- Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF in the future.

**PLAN**

- Recommend recheck echocardiogram in 6 months, 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.

Maggie Machen Lamy, DVM  
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 info@sonopath.com

Echocardiogram performed by: Pamela Harrigan, RDCS  
 Pet Animal Ultrasound Service ([4paus.com](http://4paus.com))



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