



**PATIENT PRESENTING CLINICAL SIGNS**

**Bonk Harris**

History: Recheck echo. History Unclassified Cardiomyopathy with severe LA enlargement. History VPCs. No clinical changes. Grade II/VI heart murmur. Current medications: Enalapril 2mg BID, Pimobendan 1mg BID, Lasix 5mg BID, Clopidogrel 18.75 mg SID.

**SPECIES**

Feline

-Pertinent previous echo findings (10/20/22 MML): LA 1.9 cm, LA:Ao 2.2, LV 1.4 cm, IVS 0.46 cm, PW 0.42 cm.

**ECHOCARDIOGRAM FINDINGS**

**BREED**

Persian

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

**SEX**

Male Neutered

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

**AGE**

10 years

**Left atrium:** The left atrium is severely dilated with subtle spontaneous contrast/smoke. No obvious thrombi. The auricle is also significantly dilated.

**WEIGHT**

9.7lbs

**Mitral valve:** The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. Trace central MR due to annular stretch.

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

**Right ventricle:** The RV appears largely normal.

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

**Tricuspid valve:** The tricuspid valve appears normal with trace tricuspid regurgitation.

**Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. Trace 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.

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**2-Dimensional Measurements**

Ao diam (cm)	0.8
LA diam (cm)	1.7
LA:Ao (Swe)	1.9
IVS thickness (cm)	0.52
LVID diastole (cm)	1.2
PW thickness (cm)	0.52
LVID systole (cm)	0.6
FS (%)	47

**Doppler Measurements**

PV Vmax (m/s)	0.81
AoV Vmax (m/s)	0.74
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDMS

**HOSPITAL NAME**

Wignall Animal  
Hospital

**REFERRING VET**

Dr. Thomas

**INTERPRETATION OF THE FINDINGS**

Compared to the prior study, findings are persistently stable. The left atrium remains significantly enlarged; however, smoke is less apparent. No LV hypertrophy has developed, and the remainder of the study is unchanged. Findings appear similar to the prior study. The LA is severely dilated, yet largely unchanged.

**INVOICE**

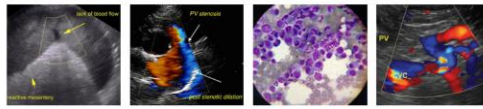
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Continue all medications as prescribed.

**DATE**

4/14/23

The long-term prognosis remains guarded to poor even with medications; however, most cats are able to maintain a good quality of life for some time. There will always remain risk for progression to CHF and development of additional blood clots in the future.



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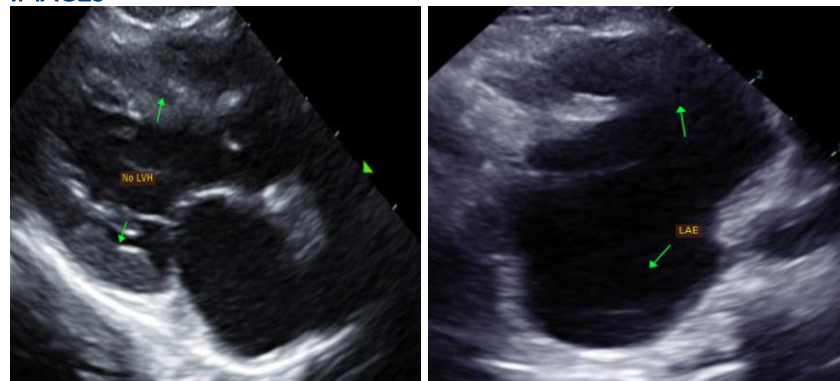
**RECOMMENDATIONS**

- Continue Lasix, Enalapril, Pimobendan and Plavix as prescribed.
- Monitor for syncope or collapse.
- Elective anesthesia, fluid or steroid therapy is not advised.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

**PLAN**

- Monitor renal values and BP every 4-6 months lifelong.
- Recheck echocardiogram and ECG in 6 months, sooner if clinical signs arise.

**IMAGES**



**INTERPRETED BY**

Maggie Machen  
 Lamy, DVM  
 DACVIM (Cardiology)

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.

**IMAGING PERFORMED BY**

Pamela Harrigan,  
 RDCS

**Maggie Machen Lamy, DVM**  
 Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
 info@sonopath.com

**HOSPITAL NAME**

Wignall Animal  
 Hospital

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

**REFERRING VET**

Dr. Thomas

**INVOICE**

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**DATE**

4/14/23