PATIENT

Louie Mercer

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

6 years

WEIGHT

14lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

DOCs Veterinary Hospital

REFERRING VET

Dr. Chaney

INVOICE

47602

DATE

4/16/26

PRESENTING CLINICAL SIGNS

History: Renal infarcts on AUS- advised echo.

ELECTROCARDIOGRAPHIC FINDINGS1

A six lead ECG is available at 25mm/s; 20mm/mV. The average heart rate is 188bpm. 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 positive with normal dimension. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.
ECG diagnosis: Normal sinus tachycardia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with mild septal hypertrophy contrasting a markedly thickened free wall. The LV is slightly dilated with mildly depressed function. The left atrium is markedly dilated and bulbous in appearance. A large soft tissue lesion is seen within the auricle, most consistent with a thrombus**.** The right heart appears largely normal. LVOT and RVOT is normal in velocity. No pericardial or pleural effusion.

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	6.4	NM	0.62	1.7	0.95	41	75
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	>3.0	2.8		1.1	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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HCM is a rule out diagnosis once hypertension and hypothyroidism are excluded. Both should be considered in this case. Regardless what is seen here is marked with end-stage physiology and a marked left atrial dimension. A large soft tissue lesion present within the left auricle. This is highly concerning for a thrombus and puts the patient at exceedingly high risk for an imminent embolus. This is likely related to reported renal infarcts as a secondary complication. No additional issues are seen and the ECG is normal.

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Immediate hospitalization should be considered for oxygen and diuretic therapy in this case, and referral to a facility with a critical care specialist should be considered. As an alternative, euthanasia would be a reasonable choice at this time, given a grave prognosis. If both options are declined, can attempt supportive care and oral medications as below. It is important to express that even on Plavix, there is high risk for a thromboembolic event. This may result in acute paralysis, neurologic signs, and/or sudden death. If this occurs, recommend euthanasia.

Assuming the patient is able to be stabilized, there will always remain risk for recurrent CHF, development of additional blood clots, and/or malignant arrhythmias/sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent/impending CHF at home.

Elective anesthesia, fluid therapy and/or steroids should be avoided lifelong.

PLAN

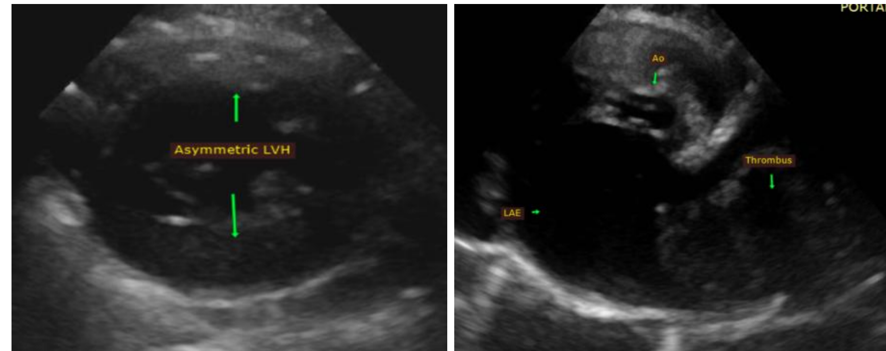
Consider euthanasia in this case due to grave prognosis. Should the client elect to proceed, referral to a facility with a critical care specialist is strongly recommended. Supportive care as dictated by the clinical picture.

Oral medications: Institute Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety). Administer Lasix to 1mg/kg PO q12h. Institute Pimobendan at 1.25mg PO q12h. Institute Xarelto (Rivaroxaban); give 2.5mg PO q24h.

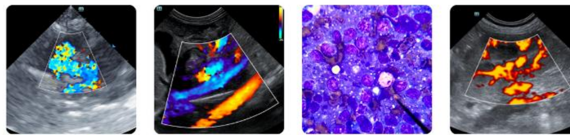
Recheck renal values and BP in 10-14 days, then every 3-4 months lifelong. Once deemed normotensive and doing well at home, consider addition of an ACEI 0.5mg/kg PO q12h. Monitor at home for any progressive labored breathing and/or signs of clot recurrence (limb paralysis, neurologic changes, etc.).

Recheck echocardiogram in 6 months once stable on oral medications to reassess for progression.

IMAGES



pawsonography@gmail.com
530-786-8340



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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.

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)
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