



PATIENT

Tate Gomes

PRESENTING CLINICAL SIGNS

History: Patient came in for annual exam, no clinical signs at home. Heart murmur Grade I/VI with gallop rhythm heard on exam. BNP came back elevated at 527 and there was significant bruising at phlebotomy site (hind limb). BP: 180, 182, 182mmHg.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

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

BREED

DSH

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are largely normal, although regions of irregularity are notable. There is a mildly hyperechoic endocardium consistent with fibrosis. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and hyperechoic.

SEX

Male Neutered

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

AGE

9 years

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

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

WEIGHT

15.8lbs

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 188bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.8
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.45
LVID diastole (cm)	1.7
PW thickness (cm)	0.42
LVID systole (cm)	0.6
FS (%)	66

Doppler Measurements

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDMS

INTERPRETATION OF THE FINDINGS

Significant underlying cardiomyopathy is noted, with moderate left atrial dilation. The cause of the murmur is not apparent, making it likely physiologic in origin. The LV wall dimensions are largely normal in this patient, with adequate function ruling out typical hypertrophic disease. These findings are most consistent with Unclassified cardiomyopathy (UCM), and close monitoring is advised going forward. Serial echocardiography will be necessary to determine progression.

HOSPITAL NAME

Anchor Animal
Hospital

REFERRING VET

Dr. Lavin

INVOICE

30355

DATE

4/20/23

Due to moderate left atrial dilation, consider institution of Pimobendan and Plavix at this juncture. If the patient is difficult to mediate, simple monitoring would be an alternative approach; however, there is concern for clinical signs 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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IMAGING PERFORMED BY

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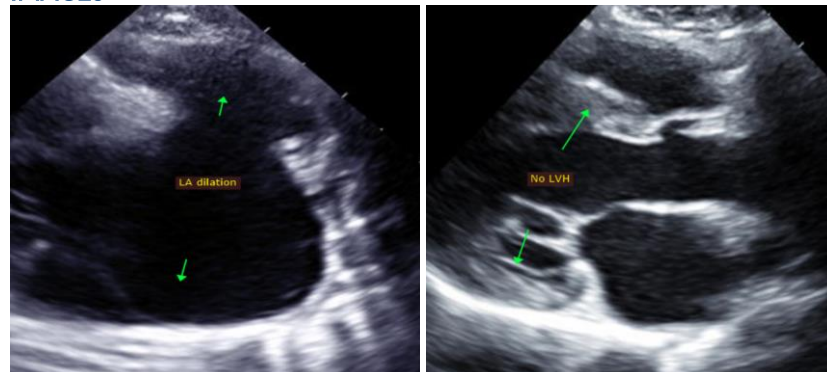
RECOMMENDATIONS

- If able, institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges).
- If able, institute 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, and 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.

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 info@sonopath.com

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