


**PATIENT**

Cheeto Sylvester

**PRESENTING CLINICAL SIGNS**

History: Increased RR noted. Heart murmur is worsening and is now grade 5/6 systolic. BP: 210, HR 180, RR 42.

-Current medications: Furosemide 5mg BID.

**SPECIES**

Feline

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only. Severe cardiomegaly with evidence of CHF.

**BREED**

DLH

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is severely hypertrophied with obliteration of the chamber. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. False tendon. Papillary muscle hypertrophy. The right ventricle appears normal. There is marked left atrial enlargement present with a horizontal component. Obvious smoke is present. No right atrial enlargement present. There is systolic anterior motion (SAM) of the mitral valve present creating a significant LVOT obstruction. There is moderate eccentric mitral regurgitation present secondary to SAM. No AI or PI. Scant to small volume pericardial. No pleural effusion noted. No obvious cardiac tumors.

**AGE**

3 years

**CARDIAC CHART**
**WEIGHT**

15.1lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

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	6.9	150	0.84	1.77	0.87	42	76
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	2.9	2.8	2.6			0.85	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 &amp; 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.

**HOSPITAL NAME**

 Downtown Animal  
 Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The diagnosis is hypertrophic obstructive cardiomyopathy. This indicates LV thickening with a dynamic LVOT obstruction (SAM). There is a significant obstruction and severe left atrial dilation, indicating the risk of spontaneous CHF and/or a thrombotic event is and will be elevated lifelong. No additional issues are identified.

**REFERRING VET**

Dr. Ahn

**INVOICE**

30439

Given these findings, the recent clinical signs and residual pericardial effusion are confirmed to be congestive heart failure. If able to be stabilized and medicated, the prognosis is poor for cats with CHF long term, however most are able to be managed for an average of 6-12 months on medications if tolerated.

**DATE**

4/25/23



**PATIENT**

Cheeto Sylvester

The patient is on subclinical Lasix, which should be adjusted as below given persistent effusion. Addition of Plavix is recommended to decrease risk of blood clots in the future. Atenolol and an ACE-I are likely indicated in this patient as well to lower heart rate and decrease LVOT obstruction; however, recommend stagger initiation as below. Initiating a beta blocker in the face of active CHF can lead to worsening clinical signs. A screening blood pressure is also recommended prior to medicating.

**SPECIES**

Feline

**BREED**

DLH

Monitor at home for any respiratory signs or sign of blood clot events (neurologic change, paralysis, etc.).

**SEX**

Male Neutered

**PLAN**

Assuming the patient is doing well at home, increase Lasix to 10mg PO q12h. Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges. Coat in entirety).

**AGE**

3 years

Monitor BP and renal panel in 10-14 days. If doing well, eating and BP >130mmHg, institute Benazepril and Atenolol at that time. If BP <130mmHg, do not institute ACEI. Dosages: Benazepril 0.5mg/kg PO q12 hours. Titrating dose of atenolol: 25mg tablets; Give ¼ tab once daily.

**WEIGHT**

15.1lbs

Recheck heart rate in 1-2 weeks with target stressed rate of 140-160bpm 12-24 hours post-administration. Increase as needed until target reached.

**INTERPRETED BY**

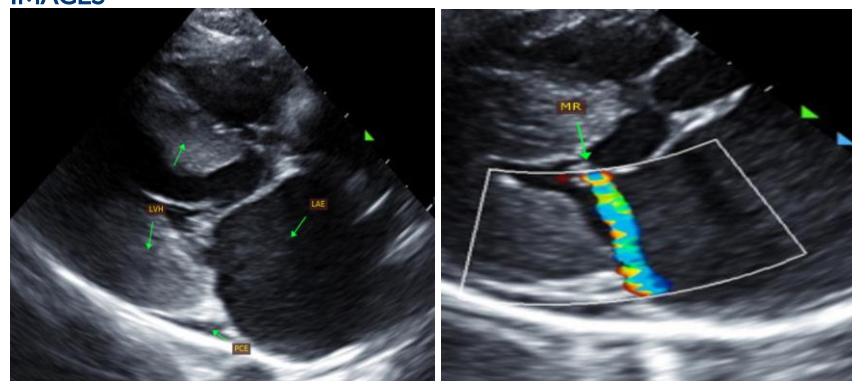
Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues arise.

**IMAGING PERFORMED BY**

Crystal Hill, RVT

**IMAGES**



**HOSPITAL NAME**

Downtown Animal  
Hospital

**REFERRING VET**

Dr. Ahn

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.

**INVOICE**

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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.

**DATE**

4/25/23

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