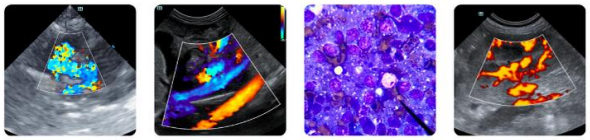


PATIENT

Clover Staszak

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

7 years

WEIGHT

23.1lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Country Companion Animal Hospital

REFERRING VET

Dr. Wanner

INVOICE

47420

DATE

4/3/26

PRESENTING CLINICAL SIGNS

History: 3 episodes of possible syncope since 3/4/24; does not lose full consciousness. Morbidly obese.
-Abnormal PE/Chem/CBC/UA Results: No heart murmur appreciated however, auscultation is difficult. Unable to obtain BP due to equipment challenges. CBC: Hct 43%, NSF - CHem: Percision PSL 28 H, Chol 225 H, NSF - T4: 2.1-n.

ECHOCARDIOGRAM FINDINGS

Image quality significantly limited by patient confirmation. 2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is significantly hypertrophied with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. Moderate left atrial dilation; no spontaneous contrast. No right atrial enlargement present. Normal RVOT velocity. Systolic anterior motion (SAM) of the mitral valve is suspected, although the LVOT velocity measures normal. There is mild mitral regurgitation present secondary to SAM. No TR. No obvious additional valvular regurgitation is present. Scant pericardial effusion suspected. No pleural effusion appreciated. No obvious cardiac tumors.

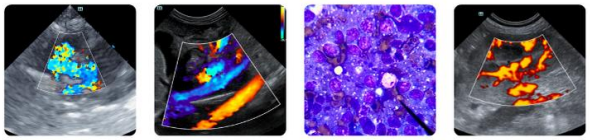
CARDIAC CHART

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	10.5	180	0.80	1.2	0.84	45	80
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	1.8	1.8		2.0	1.8	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

Unfortunately, image quality in this exam is limited by patient body size. What can be said, is there is LV hypertrophy present with a suspected outflow tract obstruction, consistent with hypertrophic obstructive cardiomyopathy (HOCM). There is moderate left atrial dilation present, indicating the risk of spontaneous CHF and/or a thrombotic event is elevated. Scant pericardial effusion is again suspected; however, this is inconclusive. Fat can also have this appearance in the pericardial space and may be a more benign explanation.



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Given these findings, consider referral in this complicated case to ensure the diagnosis is accurate. If declined, a Lasix trial could be considered, given that the patient has reported syncopal episodes. If this is ineffective, the medication is likely unnecessary. In this event, Atenolol could be trialed as a separate approach, pending response. Plavix is also reasonable given LA dilation; however, this can be difficult to administer. *Regarding the newly available drug Felycin:* This medication has not been tested in cats with a significant obstruction (i.e. HOCM) and is not recommended in this case.

Prognosis is guarded prior to obtaining further information. The REVEAL study showed that approximately 7% of asymptomatic cats with HOCM will develop CHF or a cardiogenic thrombus within 1 year, 20% within 5 years, and ~30% within 10 years. Given that this case already has significant atrial dilation, there is increased concern for complication going forward.

Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

Anesthesia is not advised at this time.

Risk for complication with fluid or steroid use typically follows LA dilation, which in this case is significantly elevated. Ideally consider an alternative such as Budesonide as a safer choice. If needed for systemic wellness, however, monitoring of RR/RE is advised particularly in the initiation phase.

PLAN

Consider referral due to limited image quality in this case. If declined, institute a Lasix trial 1-2mg/kg PO q12h and assess response. If syncopal episodes persists, the medication is likely unnecessary and Atenolol can be instituted; give 25mg tablets; Give ¼ tab once daily. 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. Regardless, consider blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges).

Screening blood pressure and T4 are recommended every 6 months.

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

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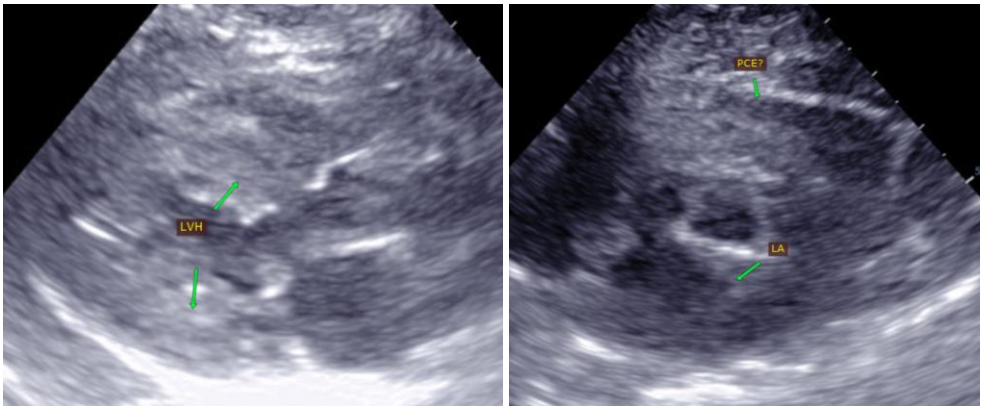
IMAGES



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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