


**PATIENT**

Napolean Zhang

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Male Neutered

**AGE**

15 years

**PRESENTING CLINICAL SIGNS**

History: Dec 7/22 had stat echo performed at emergency clinic. Request follow up/recheck scan with cardiologist. Has been doing well on medications and will recheck blood values today when in for echo. Heart murmur difficult to assess due to purring. HR/RR/BP - 146/20/110. -Current medications: Furosemide 1/4-tab 20mg BID, Pimobendan 1.25mg BID, Clopidogrel 75mg 1/4 tab SID. -Abnormal PE/Chem/CBC/UA Results: Last bloodwork showed mild anemia of chronic disease(27% PCV) Normal Creatinine (96) USG 1.027.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with regions of irregularity and borderline thickness. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled. Systolic function is depressed. The left atrium is severely dilated and bulbous in appearance. Significant smoke seen. No obvious mitral regurgitation or tricuspid regurgitation. The right atrium is moderately enlarged. The right ventricle appears normal. Blood flow through the RVOT and LVOT is normal in velocity. Scant pericardial effusion. No pleural effusion. No cardiac tumors seen.

**CARDIAC CHART**
**WEIGHT**

7.8lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Crystal Hill, RVT

**HOSPITAL NAME**

The Cat Clinic

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	3.6	190	0.52	1.3	0.54	30	58
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	2.8	2.2	2.2		0.8	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**

The finding of significant biatrial dilation in the face of normal LV wall thickness and depressed myocardial function is most consistent with unclassified cardiomyopathy (UCM); however, end-stage HCM or some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. The right heart is also affected, although to a lesser extent. Significant smoke is appreciated, which dramatically raises the risk for a blood clot event. No additional issues are identified.

Regardless of categorical classification, the patient has progressed to congestive heart failure (CHF) as evidenced by reported history and severity of disease seen here. The patient is reportedly doing well despite scant pericardial effusion, which does not warrant

**REFERRING VET**

Dr. Hall

**INVOICE**

30075

**DATE**

4/5/23



**PATIENT**

Napolean Zhang

additional therapy at this time. Continued lifelong cardiac support is recommended as below. Addition of Spironolactone if able to be medicated.

**SPECIES**

Feline

Given the severity of the findings, 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.

**BREED**

DLH

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

**PLAN**

**SEX**

Male Neutered

Continue Lasix, Pimobendan and Plavix as prescribed. If able to be medicated, addition of Spironolactone should be considered, 6.25mg PO q24h.

**AGE**

15 years

Recheck renal values and BP 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.).

**WEIGHT**

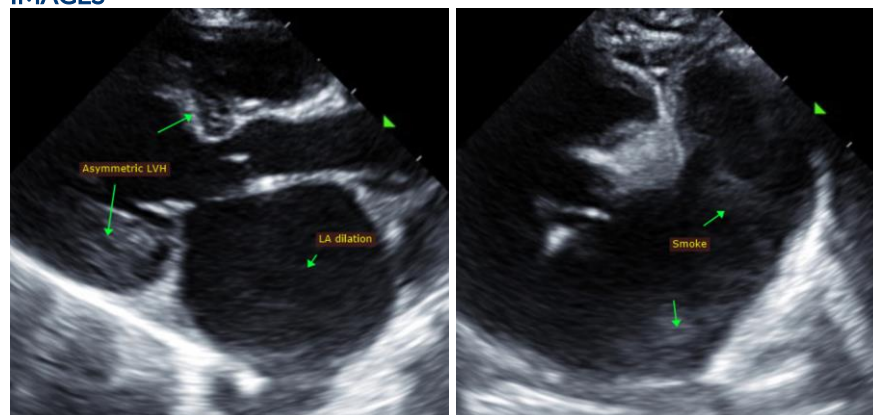
7.8lbs

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

**IMAGES**

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)



**IMAGING PERFORMED BY**

Crystal Hill, RVT

**HOSPITAL NAME**

The Cat Clinic

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.

**REFERRING VET**

Dr. Hall

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.

**INVOICE**

30075

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

**DATE**

4/5/23