
PATIENT
 Myrtle Burgerner

PRESENTING CLINICAL SIGNS

History: Cardiomegaly on films. Hyperthyroidism. Heart murmur. Coughing. Weight loss. Methimazole TD 7.5mg am/5mg pm. LABS WNL. BP 140mmHg.

SPECIES
 Feline

ELECTROCARDIOGRAPHIC FINDINGS

 A six lead ECG is available at 50mm/s; 10mm/mV. The average heart rate is 200bpm with a largely regular rhythm. 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.

BREED
 DSH

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular without significant hypertrophy. Adequate systolic function. No significant LV dilation. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are hyperechoic. The mitral valve is normal with trace MR. The left atrium is mild to moderately dilated and bulbous in appearance. No obvious smoke. The right atrium is normal. Tricuspid valve is normal with no TR. The right ventricle appears normal. Blood flow through both the LVOT and RVOT is normal in velocity. No pericardial effusion seen. No pleural effusion. No obvious cardiac tumors.

SEX
 Female Spayed

AGE
 18.4 years

WEIGHT
 7.5lbs; 3.4kgs

CARDIAC CHART
INTERPRETED BY
 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

| FELINE CARDIAC PARAMETERS | BODY WEIGHT (kg) | HR (BPM) | IVSd (cm) <small>(Moise, Pipers)</small> | LVIDd (cm) <small>(Moise, Pipers)</small> | LVWd (cm) <small>(Moise, Pipers)</small> | FS (%) | EF (%) |
|---------------------------|--------------------------------|---|--|--|---|-------------------------------|--------|
| NORMAL PARAMETER | ----- | 150-240 | 0.35-0.55 | <2 <small>(mean 1.5)</small> | 3.5-0.55 | 35-67 | 80-100 |
| PATIENT | 3.4 | 200 | 0.45 | 1.3 | 0.46 | 43 | 72 |
| FELINE CARDIAC PARAMETERS | LA/AO <small>(Boon)</small> | LA/AO HEART BASE <small>(Swe) (Abbott)</small> | LA 2D short axis Base view <small>(cm) (Abbott)</small> | LVOT VEL <small>(m/s)</small> | RVOT VEL <small>(m/s)</small> | E max <small>(m/s)</small> | |
| NORMAL | <1.5 | <1.3 | <1.2 | <1.6 | <1.3 | <0.9 | |
| PATIENT | NM | 1.6 | 1.7 | 1.1 | 1.2 | 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.*

IMAGING PERFORMED BY
 Loetitia St-Jacques,
 LVT/RVT

HOSPITAL NAME
 VCA Feline Animal Hospital

REFERRING VET
 Dr. Fleming

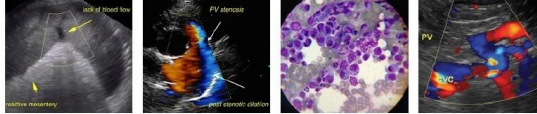
INVOICE
 30113

DATE
 4/6/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of mild to moderate left atrial enlargement in the face of normal LV wall thickness is most consistent with Unclassified Cardiomyopathy (UCM). No hypertrophy is identified, ruling out typical hypertrophic disease. Mild to moderate left atrial dilation in addition to significant LV remodeling and fibrosis indicates diastolic dysfunction is present. No additional issues are identified. The ECG is unremarkable with a normal sinus rhythm.

Regardless of categorical classification, the finding of left atrial dilation confers risk for progression in the future and medications should be considered. It is important to note however, that no medications have been shown to change outcome at this phase of disease. Pimobendan can be considered if the patient is easily medicated. Additionally, Plavix may be reasonable given



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atrial dilation to help decrease the risk of a blood clot event in the future. If there is difficulty or reluctance to medicate at home particularly given the age of the patient, it is reasonable to simply monitor going forward.

SPECIES
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Even with disease identified in this study it is unclear if this is related to a clinical cough. Unless CHF was identified on the films, Lasix is not clearly warranted. Consider other possibilities, such as primary respiratory disease. A baseline BP is recommended.

BREED
DSH

The long-term prognosis given the totality of the findings is guarded; however, there is a highly variable rate of progression in cats with subclinical disease. There will always remain risk for progression to CHF and development of blood clots and/or sudden death in the future. Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

SEX
Female Spayed

PLAN

AGE

18.4 years

Baseline BP. If elect to medicate, oral medications are as follows: Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Institute off label Pimobendan 1.25mg PO q12h. Consider alternative explanations for the cough unless CHF was seen on the films.

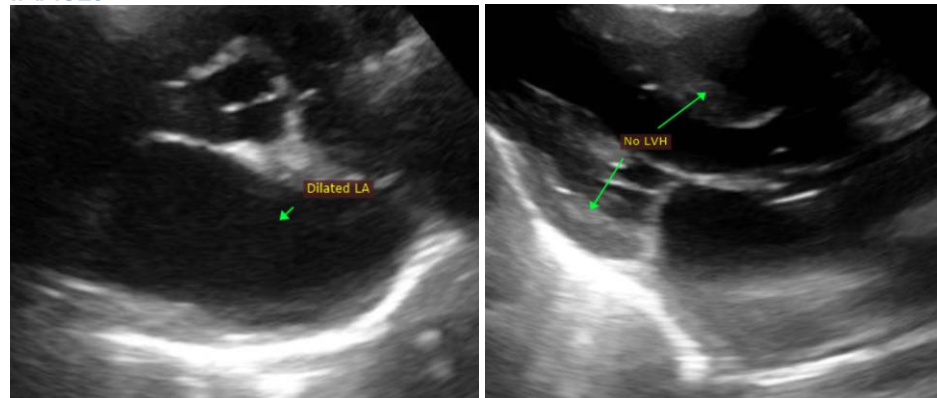
WEIGHT

7.5lbs; 3.4kgs

A recheck echocardiogram is recommended in 6 months to assess progression.

INTERPRETED BY

Maggie Machen Lamy,
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(Cardiology)



IMAGING PERFORMED BY

Loetitia St-Jacques,
LVT/RVT

HOSPITAL NAME

VCA Feline Animal
Hospital



REFERRING VET

Dr. Fleming

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.

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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

4/6/23

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