



PATIENT

Sandy McLellan

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

13 years

WEIGHT

15.2lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Wignall Animal
Hospital

REFERRING VET

Dr. Detelich

INVOICE

24303

DATE

5/19/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History HCM, end-stage pathology. Current presentation: doing well at home. Appetite and energy level are good. No respiratory issues noted; no coughing. Current medications: Pimobendan 1.25 mg, 1 tab BID; Furosemide 12.5 mg, 1 tab BID; Clopidogrel 75 mg, 1/2-tab SID.

-Pertinent previous echo findings (11/4/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 2.2 cm; LA:Ao 2.2; IVS 0.36 cm; PW 1.05 cm; LVOT 1.0 m/s, laminar; markedly dilated left atrium and auricle; spontaneous contrast; irregular LV wall thicknesses with septal thinning and marked free wall hypertrophy; remodeled endocardium and papillary muscles.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with mildly depressed myocardial function. The LV wall thicknesses are highly irregular with significant septal thinning and marked free wall hypertrophy. The endocardium appears remodeled. The papillary muscles are remodeled and asymmetric.

Left atrium: The left atrium and auricle are markedly dilated. Spontaneous contrast is observed.

Mitral valve: The mitral valve is normal in structure and mobility. No systolic anterior motion is seen. Mild central mitral regurgitation.

Aortic valve/Aorta: Aortic valve is normal. Normal outflow velocity, laminar flow. No AI.

Right ventricle: Right ventricular appears normal.

Right atrium: The right atrium is normal.

Tricuspid valve: Tricuspid valve is normal with no obvious TR.

Pulmonic valve/Pulmonary artery: The pulmonic valve appears normal in morphology and mobility. Decreased pulmonic outflow velocities with laminar flow. No PI.

Pericardium/other: Scant/small volume pericardial effusion. No obvious pleural effusion. No obvious cardiac tumors.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 190bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	2.3
LA:Ao (Swe)	2.3
IVS thickness (cm)	0.38
LVID diastole (cm)	1.46
PW thickness (cm)	1.2
LVID systole (cm)	0.96
FS (%)	34

Doppler Measurements

PV Vmax (m/s)	0.68
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Hypertrophic cardiomyopathy (HCM) persists with similar morphology to the prior study. The LV remains highly asymmetric with a thin septum and markedly thickened free wall. The LA is markedly dilated, although no change from the prior study is appreciated. Finally mild systolic function has developed which is not surprising given the degree of pathology.

Scant pericardial effusion persists, which was noted on the prior study. Given that the patient is doing well, there are 2 ways to proceed. First would be to add an additional diuretic, such as Spironolactone, in hopes of further stabilizing the situation. If there is any



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difficulty medicating however, it is reasonable to simply monitor going forward given a lack of clinical issues. Discussion with the owner is advised.

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Even with relative stability, the prognosis remains poor with an average survival time of <6 months. Patient will always be at high risk for recurrent episodes of CHF, development of blood clots, malignant arrhythmias and/or sudden death in the future.

RECOMMENDATIONS

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- Continue Plavix, Furosemide and Pimobendan as prescribed.
- If able/elected, consider addition of Spironolactone 6.25mg PO q12h.
- Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.
- Avoid anesthesia, steroids and/or fluid therapy unless absolutely necessary in the future.

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PLAN

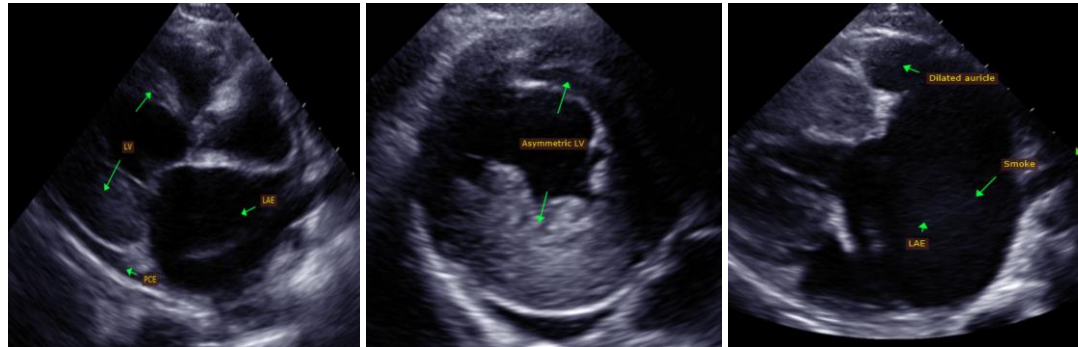
- Monitor renal values/BP every 3-4 months lifelong.
- A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if issues arise in the interim.

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IMAGES

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 DACVIM (Cardiology)



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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.

HOSPITAL NAME

Wignall Animal Hospital

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.

REFERRING VET

Dr. Detelich

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