



## PATIENT

Archie Seay

## SPECIES

Feline

## BREED

Maine Coon

## SEX

Male

## AGE

7 months

## WEIGHT

9.7lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Jessica Bailes

## HOSPITAL NAME

All Creatures Great &  
Small Veterinary

## REFERRING VET

Hello Vet for Pets

## INVOICE

24428

## DATE

5/26/22

## PRESENTING CLINICAL SIGNS

History: Presented for cough despite 1 month of Doxycycline. No murmur ausculted.  
-Radiographs: Showed generalized cardiomegaly.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is normal. The endocardium appears significantly remodeled. Fibrous banding within the LV (see below). The left ventricular chamber is increased in dimension with adequate myocardial function. The papillary muscles appear normal. The left atrium is mildly dilated. The right atrium is mildly dilated. The right ventricle appears mildly affected as well. The mitral valve is normal in structure and mobility. There is no mitral regurgitation present. Mild tricuspid regurgitation identified. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions or cardiac tumors identified.

## 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	4.4	NM	0.43	2.1	0.42	44	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	1.39	1.39		1.5	1.0	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary abnormality identified is mild four chamber enlargement. This is likely consistent with early restrictive disease based upon the LV morphology and appearance. No underlying issues are identified to explain these findings, such as a congenital shunt. It is important to note that small congenital issues are easily missed, and referral should always be considered in atypical case like this. Regardless, both atria are mildly enlarged, indicating risk for complication is low at this time.

Given these findings, the cough is certainly non-cardiac in origin and primary respiratory causes are considered more likely. Consider a cause of Azithromycin as a reasonable first step. If needed, no contraindication to steroid therapy from a cardiac standpoint; however, use in any cat should be closely monitored for respiratory changes at home.

Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A



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reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

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No medications are indicated. Monitor in the future for respiratory compromise, syncope/lethargy, or signs of a blood clot (paralysis, lameness). Prognosis is guarded, although highly variable in cats with subclinical cardiomyopathy.

## BREED

Maine Coon

## PLAN

Consider referral in this atypical congenital case. Further respiratory evaluation/treatment as discussed.

## SEX

Male

Recommend recheck echocardiogram in 6 months to assess for progression.

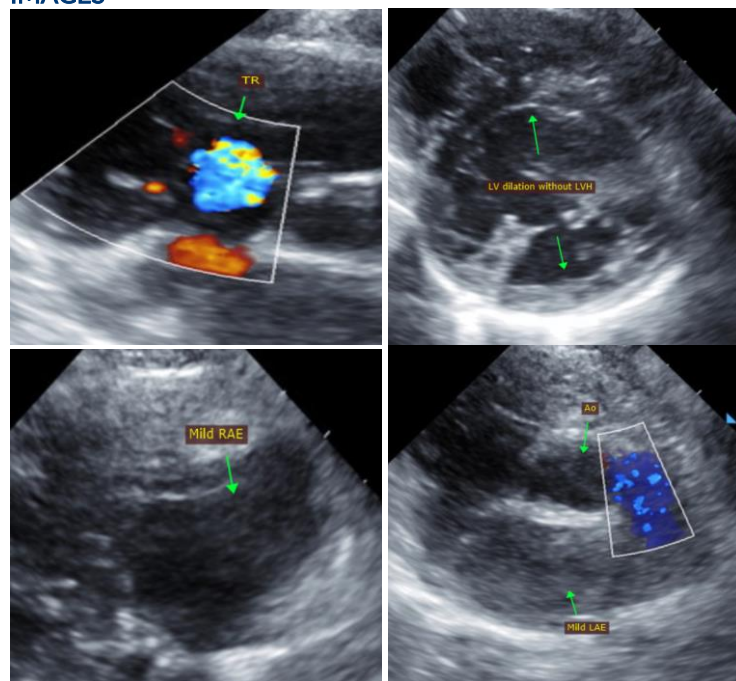
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## IMAGES

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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.

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

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## DATE

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