



PATIENT

Shadow Connors-Ward

SPECIES

Feline

BREED

Maine Coon Cat

SEX

Male Neutered

AGE

6 years

WEIGHT

14.9lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wignall Animal Hospital

REFERRING VET

Dr. Thomas

INVOICE

24061

DATE

5/5/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History severe HOCM with marked LAE. Currently doing well at home. Current medications: Plavix 1/4 t SID, Furosemide 6.25mg BID, Enalapril 2.5mg SID. -Pertinent previous echo findings (3/25/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 2.45 cm; LA:AO 2.26; IVS 0.80 cm; PW 1.1 cm; marked LAE with subtle smoke; severe LVH, endocardial fibrosis, hypertrophied papillary muscles; scant pericardial effusion. *No sedation for study.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are severely increased in dimension. False tendon. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are hypertrophied and hyperechoic. The endocardium appears remodeled.

Left atrium: The left atrium and auricle are markedly increased in dilation. Smoke in the body of the atrium and auricle; no obvious thrombi.

Mitral valve: The anterior leaflet of the mitral valve is mildly thickened and elongated, with some degree of dysplasia. No obvious stenosis. The tip of the mitral valve is visible in the LVOT during systole. Mild eccentric mitral regurgitation is noted.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Aortic outflow velocities are normal. No obvious aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: The right atrium is normal in dimension.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency.

Pericardium/other: Scant pericardial effusion noted. No pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 220bpm.

2-Dimensional Measurements

| | |
|--------------------|-----|
| Ao diam (cm) | 1.0 |
| LA diam (cm) | 2.0 |
| LA:Ao (Swe) | 2.8 |
| IVS thickness (cm) | 0.7 |
| LVID diastole (cm) | 1.1 |
| PW thickness (cm) | 1.1 |
| LVID systole (cm) | 1.3 |
| FS (%) | 46 |

Doppler Measurements

| | |
|----------------|-----|
| PV Vmax (m/s) | NM |
| AoV Vmax (m/s) | 2.0 |
| MR Vmax (m/s) | NA |
| TR Vmax (m/s) | NA |
| TR PG (mmHg) | NA |

INTERPRETATION OF THE FINDINGS

Largely unchanged marked disease is seen in this study. The LV is similar in appearance, and the LA is slightly increased comparatively with significant smoke. This was noted previously and does not necessarily change outcome. Systolic function remains intact, and no additional issues are identified. Scant pericardial effusion persists, which is likely normal for this cat as it was noted previously.



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Given these findings, continue all medications as prescribed. Pimobendan can still be considered as a reasonable option, if the patient is able to be further medicated. It should be reiterated that this is end-stage disease, and our goal is to stabilize the situation for the short-term.

SPECIES
 Feline

Continued monitoring for recurrent CHF is advised as previously indicated and/or signs of a blood clot event. Long term prognosis is poor; however, it is encouraging this patient continues to do well despite these findings. Patient will always be at risk for CHF, blood clot events and/or sudden death in the future.

BREED
 Maine Coon Cat

RECOMMENDATIONS

- Continue Enalapril, Plavix, Lasix and Pimobendan as was previously recommended.
- Recheck renal panel every 4-6 months
- Elective anesthesia is not advised.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

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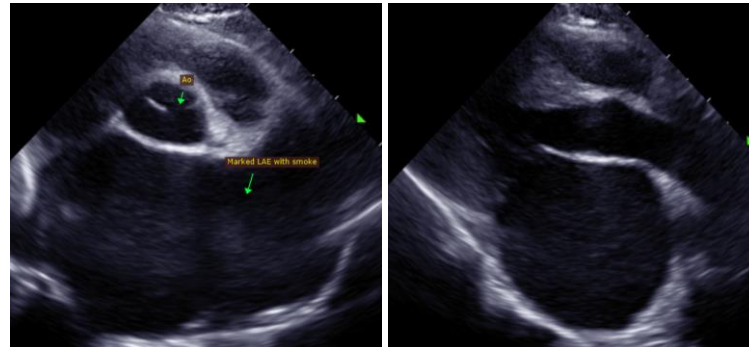
PLAN

- Recommend recheck echocardiogram in 6 months to screen for progression, sooner if clinical signs arise in the interim.

WEIGHT
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IMAGES

INTERPRETED BY
 Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)



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Pamela Harrigan,
 RDCS

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. Thomas

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