



PATIENT

Boots Taylor

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

13 years

WEIGHT

8.15lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Mark van Campen,
DVM

PRESENTING CLINICAL SIGNS

History: No history of heart murmur - presented to emergency in respiratory distress with sudden onset blindness. Diagnosed with CHF. Possible thromboembolism. Responded well to furosemide. BP: 120mmHg. Significant gallop rhythm present.

-Current medications: Furosemide and clopidogrel.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderate to severely hypertrophied with extensive remodeling of the endocardium. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is papillary muscle hypertrophy and remodeling. False tendon. The left atrium is markedly enlarged. Evidence of intraatrial smoke. The right atrium is normal. The right ventricle appears affected as well, with diffuse mild hypertrophy. The mitral valve is normal, with normal mobility. No evidence of systolic anterior motion. There is mild central mitral regurgitation present. No tricuspid regurgitation. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions seen. No obvious cardiac masses.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	3.7	NM	0.68	1.38	0.77	50	92
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	2.8	2.4		1.2	1.0	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.

HOSPITAL NAME

Mississippi Mills
Animal Hospital

REFERRING VET

Dr. van Campen

INVOICE

24803

DATE

6/15/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis for LV hypertrophy once a patient is confirmed euthyroid and normotensive. Given a reportedly normal blood pressure, a thyroid level should be considered. Regardless, the left atrium is markedly enlarged with evidence of spontaneous contrast, indicating high risk for spontaneous CHF and/or blood clot events. No obvious additional issues are identified.

These findings support a cardiogenic in origin of prior clinical signs (CHF). Vision loss is somewhat unusual for a cardiogenic thrombus; however, in the absence of hypertension this may certainly be the cause. Continued full lifelong cardiac supportive medications are recommended as below.

The mean survival time for cats with CHF is 8-12 months, however most cats are able to maintain a good quality of life on medications. Patient will always be at high risk for recurrent episodes of CHF and development of blood clots in the future. Monitoring of sleeping breathing rates at



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home is recommended as the best way to screen for recurrent CHF at home. Avoid steroids and fluid therapy unless absolutely necessary in the future.

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PLAN

Screening BP/T4 every 6 months. Administer Lasix 1-2mg/kg PO q12. Administer blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges; coat in entirety or administer in a gel cap). Institute Pimobendan (off label use) 1.25mg PO q12h.

BREED

DSH

Monitor renal values and BP every 3-4 months lifelong. If doing well and BP remains >130mmHg, consider addition of an ACEI 0.5mg/kg PO q12h.

SEX

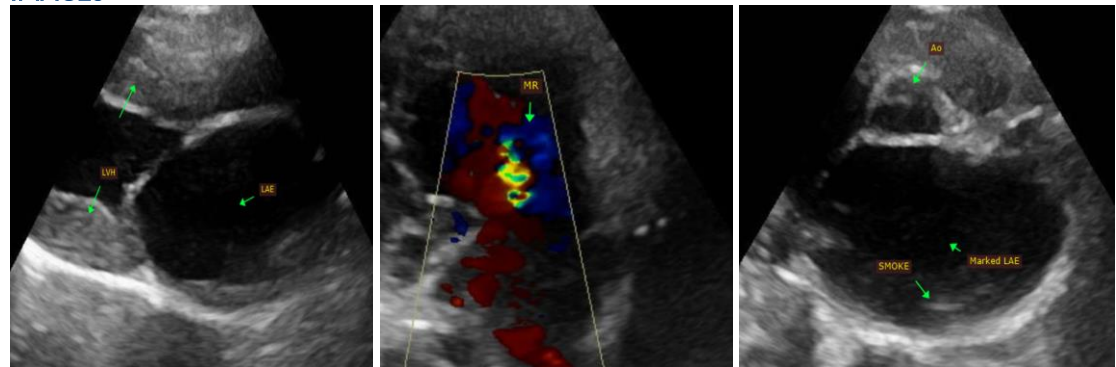
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A recheck echocardiogram is recommended in 6 months to assess progression.

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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.

IMAGING PERFORMED BY

Mark van Campen,
DVM

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.

HOSPITAL NAME

Mississippi Mills
Animal Hospital

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