


PATIENT

Leo Clark

PRESENTING CLINICAL SIGNS

History: Recheck HCM – prior results not included. Recently diagnosed with anemia. Lethargic and inappetent.

SPECIES

Feline

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

BREED

DSH

A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 250bpm with a regular rhythm. P for every QRS complex and vice versa. The P and QRS morphologies are positive. Isolated VPCs throughout; singles only, monomorphic. No supraventricular premature beats, pauses or other dysrhythmias observed.

SEX

Male Neutered

ECG diagnosis: Sinus tachycardia with isolated VPCs.

AGE

16 years

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is severely hypertrophied. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied as well. The endocardium also appears remodeled. The left atrium is severely dilated and bulbous in appearance. No obvious smoke. The right atrium is normal in dimension. The right ventricle appears normal. The mitral valve is mildly thickened with mild central MR. No obvious TR. Blood flow through the RVOT and LVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

WEIGHT

9.3lbs

CARDIAC CHART
INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

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	4.2	200	0.81	1.3	0.83	64	94
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	2.2	2.0	2.1		1.6	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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of a severe LV hypertrophy is most consistent with HCM; however, hyperthyroidism and/or hypertension should be considered as contributing factors. The LA is severely dilated, indicating there is risk for congestive failure going forward. Serial echocardiography will be necessary to determine progression.

DATE

6/8/22

IMAGING PERFORMED BY

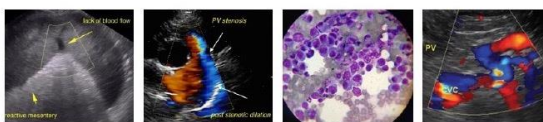
Kelly Reschny, RVT

HOSPITAL NAME

 Beatties Pet Hospital
 Stoney Creek

REFERRING VET

Dr. Baskin



PATIENT

Leo Clark

The ECG also shows isolated VPCs. These are not surprising given a stressed patient in hospital with significant structural disease. No treatment is indicated based upon what is seen here, in an overall asymptomatic patient; however, close follow-up is advised, particularly should any lethargy or syncope be noted in the future.

SPECIES

Feline

Given these findings, continued cardiac support is recommended, including continued Plavix and Enalapril therapy. Careful monitoring of both renal values and blood pressure is recommended, particular when administering Enalapril. Pimobendan can be considered for potential long-term benefit. Finally, Lasix would be reasonable given high risk for decompensation. However, in light of anemia and lab abnormalities, I would not utilize this at this time. It is important to note these findings are independent of anemia/azotemia and further systemic/hematologic evaluation is advised.

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SEX

Male Neutered

Unfortunately, the mean survival time for cats with this degree of disease is 8-12 months; however, most are able to maintain a good quality of life on medications. Patient will always remain at high risk for recurrent episodes of CHF, development of blood clots, and/or sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

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Elective anesthesia, fluid or steroid therapy is not advised.

WEIGHT

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PLAN

Baseline BP and T4 are strongly recommended. 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). Administer Pimobendan 1.25mg PO q12h. Continue Enalapril pending BP assessment: 0.5mg/kg PO q12-24h.

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(Cardiology)

Monitor renal values and BP every 3-4 months lifelong.

IMAGING PERFORMED BY

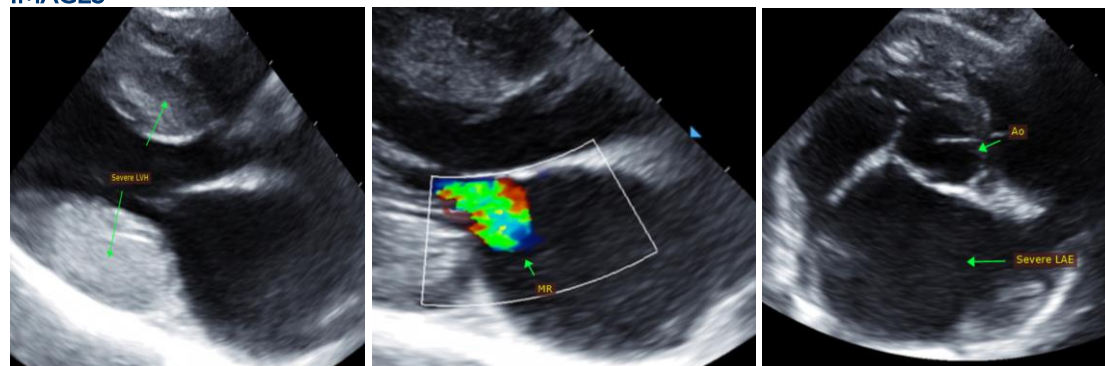
Kelly Reschny, RVT

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.

SPECIES

Feline

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.

BREED

DSH

Maggie Machen Lamy, DVM
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info@sonopath.com

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