



PATIENT
 Powder Chapin

PRESENTING CLINICAL SIGNS

History: Possible diagnosis of HCM, although not definitive (prescribed Clopidogrel). History hyperthyroidism not completely controlled. Previous records note a grade III/VI systolic murmur with gallop rhythm, not heard on recent exam. Cat doing well clinically. BP: 150mmHg x 3. Current medications: Methimazole 2.5mg QD, transdermal; clopidogrel 75mg, 1/4-tab QD.

SPECIES
 Feline

ECHOCARDIOGRAM FINDINGS

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

BREED
 DSH

Left ventricle: The LV diameter is borderline increased with adequate myocardial function. The LV wall thicknesses are largely normal. There is a mildly hyperechoic endocardium consistent with fibrosis. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and hyperechoic.

SEX
 Male Neutered

Left atrium: The left atrium is severely dilated and bulbous in appearance. No obvious spontaneous contrast or thrombi seen.

AGE
 15 years

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. Mild eccentric MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

WEIGHT
 10lbs

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.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

INTERPRETED BY
 Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

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

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

2-Dimensional Measurements

Doppler Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.7
LA:Ao (Swe)	1.97
IVS thickness (cm)	0.43
LVID diastole (cm)	1.8
PW thickness (cm)	0.50
LVID systole (cm)	1.0
FS (%)	45

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY
 Pamela Harrigan,
 RDMS

HOSPITAL NAME
 Wood River Animal
 Hospital

REFERRING VET
 Dr. Fischer

INVOICE
 25107

DATE
 7/1/22

INTERPRETATION OF THE FINDINGS

Significant underlying cardiomyopathy is noted, with severe left atrial dilation. The cause of the murmur is mitral regurgitation, which appears to be secondary to left atrial dilation and annular stretch rather than a primary valve pathology. The LV wall dimensions are largely normal in this patient, with adequate function. There is mild remodeling and fibrosis of the left ventricular wall/papillary muscles. These findings are most consistent with Unclassified cardiomyopathy (UCM), and close monitoring is advised going forward. Serial echocardiography will be necessary to determine progression.

Due to severe left atrial dilation, consider institution of Pimobendan in addition to Plavix at this juncture. There is high risk for progression to clinical signs/CHF at any point, and our goal would be to prolong time to symptoms. Prognosis is guarded with this degree of



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 atrial dilation, with risk for CHF, blood clot events, arrhythmias and/or sudden death going forward.

RECOMMENDATIONS

SPECIES Feline
BREED DSH
SEX Male Neutered
AGE 15 years

- Continue blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges).
- Institute Pimobendan (off label use) 1.25mg PO q12h.
- Elective anesthesia is not advised, as there is high risk for complication. Risk: benefit ratio should be considered. Consider consultation with and/or referral to a facility with an anesthesiologist. Should you elect to proceed, patient will be at high risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.). Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF in the future.

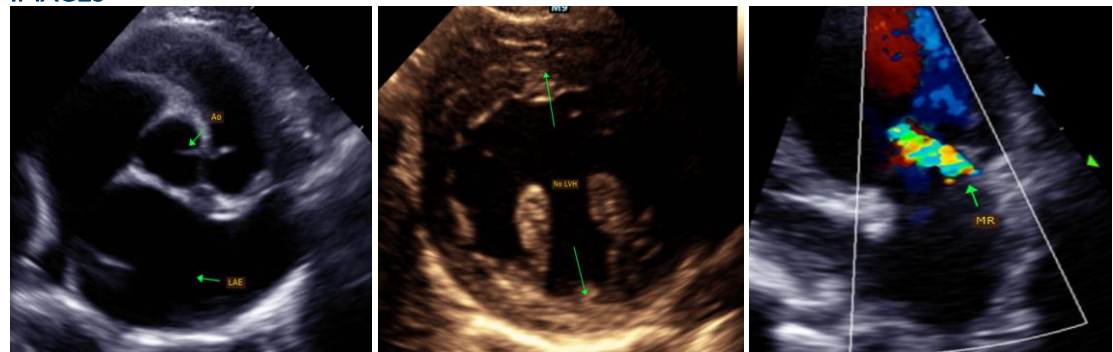
PLAN

WEIGHT 10lbs
 - Recommend recheck echocardiogram in 6 months, sooner if clinical issues arise.

IMAGES

INTERPRETED BY

Maggie Machen Lamy, DVM
 DACVIM (Cardiology)



IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Wood River Animal Hospital

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.

REFERRING VET

Dr. Fischer

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

25107

Maggie Machen Lamy, DVM
 Diplomat of the American College of Veterinary Internal Medicine (Cardiology)
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