



**PATIENT**

Buttercup McCown

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Male Neutered

**AGE**

7 years

**WEIGHT**

15.7lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Eugene Animal  
Hospital

**REFERRING VET**

Dr. Wiktorowski

**INVOICE**

25252

**DATE**

7/11/22

**PRESENTING CLINICAL SIGNS**

History: Presented to EVH 6/28 for cough, diagnosed with CHF.

-Current medications: Pimobendan 0.63mg BID, Clopidogrel 18.75mg SID, Furosemide 20mg TID initially but decreasing now.

**ELECTROCARDIOGRAPHIC FINDINGS** \*Note: Single lead ECGs are evaluated as a rhythm strip.

Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 160bpm with a largely regular rhythm. P for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. Regions of irregularity. The papillary muscles are remodeled. Systolic function is adequate. The left atrium is severely dilated and bulbous in appearance. No obvious smoke. Mild central mitral regurgitation and mild tricuspid regurgitation. Normal velocity. The right atrium is normal with no obvious smoke. The right ventricle is normal. Blood flow through the RVOT and LVOT is normal in velocity. No pericardial effusion. No obvious pleural effusion.

**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	7.1	180	0.44	1.8	0.41	58	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	2.0	2.0	1.8	1.1	1.1	NM	
<p>*Note: All measurements based upon multi-modal images and methods. An average value is reported. 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 finding of left atrial dilation in the face of normal LV wall thickness and adequate systolic function is most consistent with Unclassified Cardiomyopathy (UCM), however some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. There is mild MR and TR, which are likely secondary to annular stretch; however, primary valvular component cannot be ruled out. There is normal wall thickness, ruling out typical hypertrophic disease. No additional issues are identified and the ECG is unremarkable.



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Regardless of categorical classification, these findings support the prior diagnosis of CHF. If the patient is doing well, no need for medication adjustments at this time.

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Prognosis is guarded, as there will always remain risk for development of blood clots, and/or malignant arrhythmias/sudden death in the future. The average survival time once CHF is diagnosed is <1 year. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent/impending CHF at home.

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DLH

Elective anesthesia, fluid therapy and/or steroids should be avoided lifelong.

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**PLAN**

Oral medications: Institute Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety). Institute Lasix to 1-2mg/kg PO q12h. Institute Pimobendan at 1.25mg PO q12h.

**AGE**

7 years

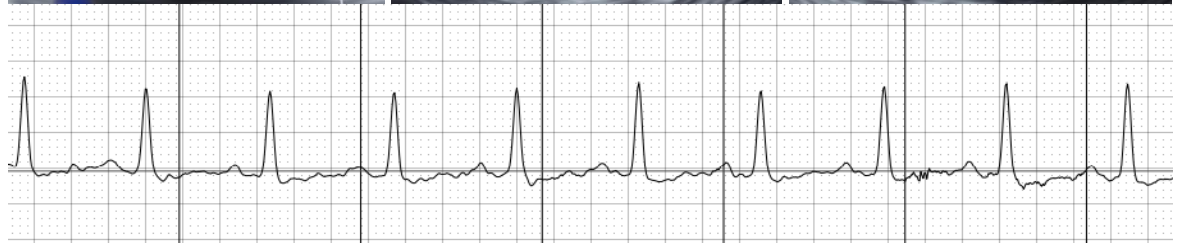
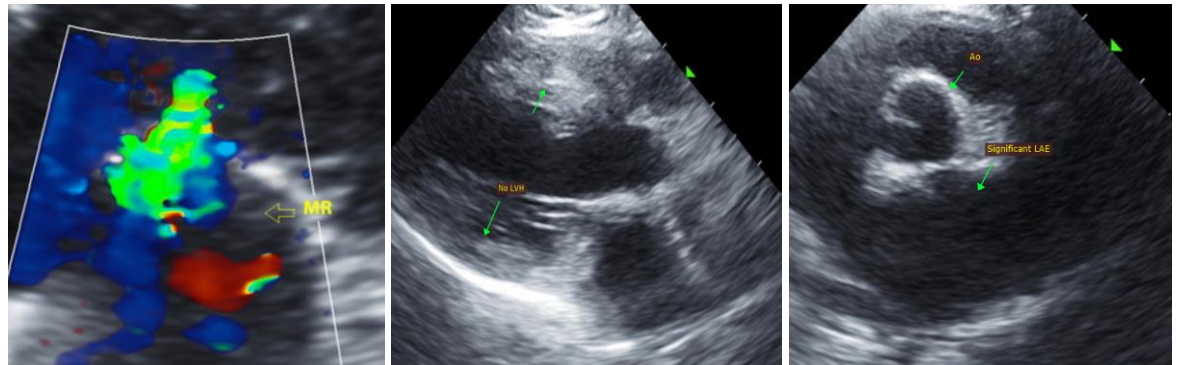
Recheck renal values and BP every 3-4 months lifelong. Once deemed normotensive and doing well at home, consider addition of an ACEI 0.5mg/kg PO q12h. Monitor at home for any progressive labored breathing and/or signs of clot recurrence (limb paralysis, neurologic changes, etc.).

**WEIGHT**

15.7lbs

Recheck echocardiogram in 6 months once stable on oral medications to reassess for progression.

**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.

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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.

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DLH

Maggie Machen Lamy, DVM  
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