



PATIENT

Dede Sheehey

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

11 years

WEIGHT

8.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Dede was noted to have a heart murmur in April. He needs dental procedure. A thyroid level done in June was within normal limits. A ProBNP done in March was elevated. He is presently eating well but has been lethargic recently. On exam: grade III/VI parasternal murmur, PSS, lung fields clear, compressible thorax. BP: 140mmHg x 5. No cardiac medications. *Sedated with propofol for study.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is increased with mild myocardial dysfunction. The LV wall thicknesses are highly irregular with regions of septal thinning. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium is significantly remodeled. The papillary muscles are mildly remodeled and hyperechoic.

Left atrium: The left atrium is markedly dilated and bulbous in appearance. Obvious smoke suspected (see below). No obvious thrombi seen. Mitral inflows consistent with restrictive filling.

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. Mild central MR secondary to annular stretch.

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

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

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 180bpm.

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

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DATE

7/13/22

2-Dimensional Measurements

| | |
|--------------------|------|
| Ao diam (cm) | 1.0 |
| LA diam (cm) | 2.5 |
| LA:Ao (Swe) | 2.5 |
| IVS thickness (cm) | 0.32 |
| LVID diastole (cm) | 2.0 |
| PW thickness (cm) | 0.42 |
| LVID systole (cm) | 1.3 |
| FS (%) | 32 |

Doppler Measurements

| | |
|----------------|-----|
| PV Vmax (m/s) | 0.6 |
| AoV Vmax (m/s) | 0.8 |
| MR Vmax (m/s) | NA |
| TR Vmax (m/s) | NA |
| TR PG (mmHg) | NA |

INTERPRETATION OF THE FINDINGS

The appearance of the left heart (marked LAE, LV dilation with dysfunction, restrictive filling) is most consistent with Restrictive Cardiomyopathy (RCM), however burn-out or end-stage HCM can also have this appearance. Regardless of categorical classification, marked LA dilation is present, in addition to LA smoke which dramatically raises the risk of a blood clot event. Of great concern, there is scant pericardial effusion which is most consistent with early congestion.



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Given these findings, full cardiac support is recommended as below. The patient is at high risk for malignant arrhythmias, fulminant congestive heart failure and/or sudden death going forward, and this should be expressed to the owner. Our goal is to stabilize the situation for the short-term; however, prognosis is poor going forward.

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RECOMMENDATIONS

- Institute Lasix/furosemide 1-2mg/kg PO q12h.
- Institute 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.**
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

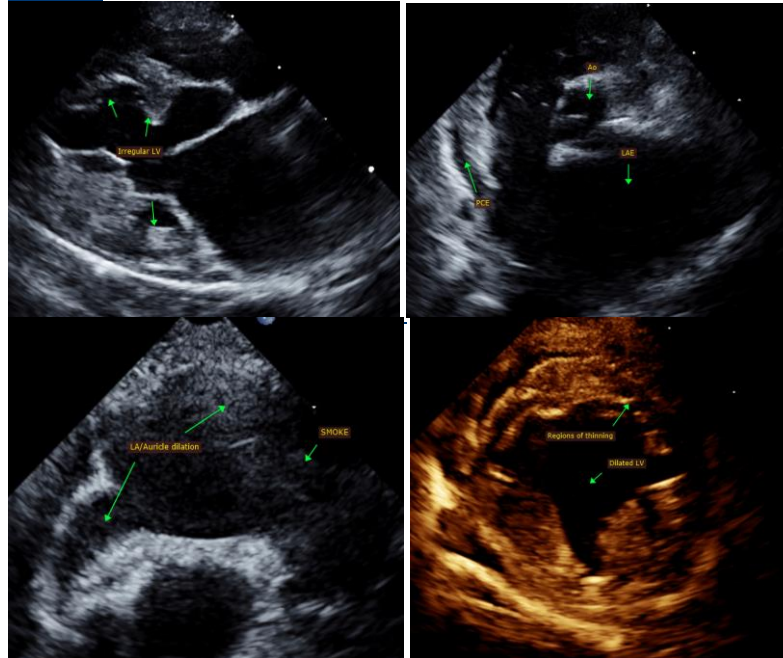
PLAN

- Recheck renal panel and BP in 1-2 weeks to ensure tolerance of medications, then every 3-4 months lifelong.
- Recommend recheck echocardiogram in 6 months, sooner if clinical signs arise in the interim.

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IMAGES



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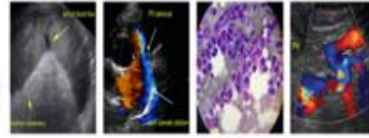
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

BREED

DLH

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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