



**PATIENT**

Murphy Wang

**SPECIES**

Feline

**BREED**

Siamese Mix

**SEX**

Male Neutered

**AGE**

8 years

**WEIGHT**

15.62lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Santa Clara Animal  
Hospital

**REFERRING VET**

Dr. Elsbree

**INVOICE**

25568

**DATE**

7/27/22

**PRESENTING CLINICAL SIGNS**

History: Presented for respiratory issues. Low grade murmur.  
 -Blood Pressure: 178, 149, 165, 164, 160mmHg.  
 -Current medications: Just finished Clavamox for urinary tract infection.  
 -Abnormal PE/Chem/CBC/UA Results: ProBNP: abnormal.

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only.  
 Significant cardiomegaly with evidence of CHF.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately to severely thickened with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. Decreased systolic function. There is papillary muscle hypertrophy and remodeling. The left atrium is markedly dilated with a horizontal component. Significant smoke; no obvious thrombus. The right atrium is normal. The right ventricle appears normal. The mitral valve is normal, with normal mobility. Trace MR. No evidence of systolic anterior motion. There is no obvious tricuspid regurgitation. Blood flow through the LVOT and RVOT is normal in velocity. No pericardial or pleural effusion. No obvious cardiac masses.

**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	200	0.84	1.5	0.78	36	70
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	2.4	2.5	2.5		0.93	0.97	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**

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis for LV hypertrophy once a patient is confirmed euthyroid and normotensive. Both have essentially been ruled out in this case, making primary disease the diagnosis. The left atrium is markedly enlarged, indicating high risk for spontaneous CHF and/or blood clot events. Significant smoke is identified, further raising the risk for a cardiogenic thrombus. Systolic dysfunction has developed; however, no additional issues are identified.



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Given these findings, the diagnosis is CHF and immediate full cardiac support should be instituted as below. Depending on patient's stability hospitalization should always be considered. If able to be stabilized, 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 home is recommended as the best way to screen for recurrent CHF at home. Avoid anesthesia, steroids and fluid therapy unless absolutely necessary in the future.

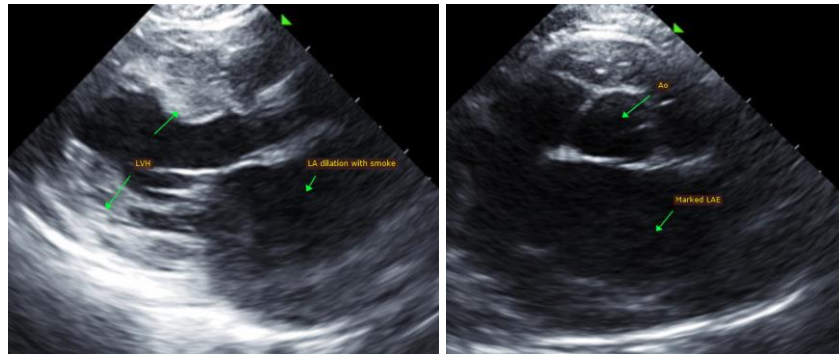
**PLAN**

Consider injectable Lasix dose/hospitalization if indicated. Administer diuretic 1-2mg/kg PO q12h. Administer Pimobendan 1.25mg PO q12h. If able, administer blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges).

Monitor renal values and BP in 1-2 weeks then every 3-4 months lifelong. If doing well and BP is >130mmHg, institute ACE-I 0.5,g/kg PO q12h.

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

**IMAGES**



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.

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.

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