



**PATIENT**

Tommy Mikes

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

12 years

**WEIGHT**

13.9lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Kim Liedberg

**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

Dr. Bloss

**INVOICE**

25590

**DATE**

7/28/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Hypertrophic obstructive cardiomyopathy diagnosed at WVRC. Grade 2/6 heart murmur persists. Assess prior to dental.

-Current medications: Benazepril, Paroxetine, received depo injection 7/22/22.

-Pertinent previous echo findings: Moderate focal basilar septal thickening, mild LAE, mild LVOTO.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall irregular with a basilar septal thickening and thinning of the free wall. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is moderate papillary muscle hypertrophy and remodeling. The left atrium is moderate to severely enlarged. Subtle smoke is suspected. The right atrium is normal. The right ventricle appears normal. The mitral valve is normal with normal mobility. No evidence of systolic anterior motion. Mild mitral regurgitation present. There is no aortic insufficiency. Blood flow through both the LVOT and RVOT are normal in velocity. There is no tricuspid regurgitation present. No pericardial or pleural effusion is visualized.

**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	6.3	120	0.8	1.69	0.45	69	96
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	2.3	1.8	1.9		0.91	0.80	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.*

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hypertrophic cardiomyopathy (HCM) persists as was previously diagnosed with evidence of significant progression. The LV is more irregular than what is described previously with a basilar septal thickening. More importantly the LA is now moderate to severely enlarged, indicating high risk for complication going forward. No obstruction is seen, as was noted previously, and no additional issues are identified. Given this degree of LA enlargement the risk is high going forward for spontaneous CHF, blood clot events and/or sudden death at home.

It is worth noting that administration of dexamethasone may be contributing to LA dilation to some extent, and is difficult to differentiate. Consider a brief LA reassessment in 1-2 months to ensure the baseline measurement is accurate for future comparison.

Even with left atrial enlargement, utilization of medications in subclinical feline cardiomyopathy cases is of debatable benefit. Given the degree of disease however, I would consider use of

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Plavix for long term benefit as below (if LA dilation improves significantly, this can then be discontinued). Lasix is not clearly indicated prior to CHF or clinical signs, and rate control is not typically necessary in the absence of obstructive disease. Finally, the ACE-I can be continued pending a blood pressure assessment >130mmHg.

**SPECIES**

Feline

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).

**BREED**

DSH

Anesthetic risk is considered high and is not advised. If needed, extreme caution must be used for any IV fluid or steroid therapy. Prognosis is guarded to poor long term, however prior to clinical signs many cats can remain stable for some time on medications.

**SEX**

Male Neutered

**PLAN**

Consider initiation of Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety). Pending BP >130mmHg, continue ACE-I 0.5mg/kg PO q24h.

**AGE**

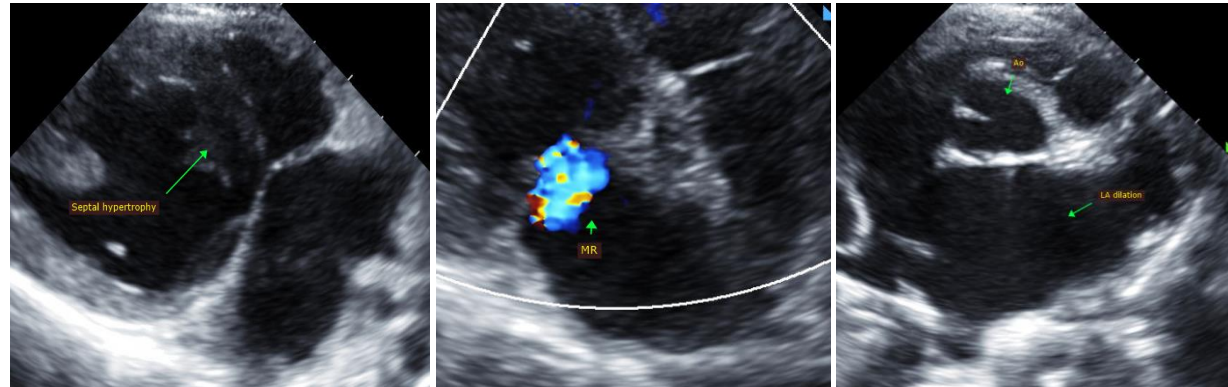
12 years

Consider brief LA reassessment in 1-2 months.

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if clinical signs arise.

**WEIGHT**

13.9lbs

**IMAGES****INTERPRETED BY**

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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.

**REFERRING VET**

Dr. Bloss

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

**INVOICE**

25590

**Maggie Machen Lamy, DVM**  
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