



## PATIENT

Marley Hardy

## SPECIES

Feline

## BREED

Maine Coon

## SEX

Male Neutered

## AGE

14 years

## WEIGHT

17lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Jennifer Todd, DVM

## HOSPITAL NAME

Lambs Gap Animal  
Hospital

## REFERRING VET

Dr. Todd

## INVOICE

25199

## DATE

7/7/22

## PRESENTING CLINICAL SIGNS

History: Recheck echo. History of HCM (prior echo in 4/2021 elsewhere). Marley takes clopidogrel 18.75mg PO SID, adequan, TDC periodontal supplement. He has had mild chronic kidney disease. Most recent lab results on 6/22/22 showed CBC normal, T4 normal, ProBNP normal (25), increased creat (2.8), increased SDMA (17), increased BUN (49), normal phos. Blood pressure today was 144/111, 139/66, 126/65mmHg.

**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; 25mm/s, 10mm/mV. The average heart rate is 188bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus tachycardia.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Trace TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

## CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LWVd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	7.7	NM	0.61	1.59	0.63	60	91
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	1.1	1.0	1.2	1.2	0.9	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) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both have been ruled out, and primary disease is suspected. The degree of disease is mild, with only minimal LVH and no LA dilation. This would indicate the risk



**PATIENT**

Marley Hardy

for clinical issues is low at this time. No additional issues are identified and the ECG is unremarkable.

**SPECIES**

Feline

No medications are clearly indicated, and Plavix is unnecessary prior to significant left atrial enlargement and can be safely discontinued. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM.

**BREED**

Maine Coon

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

**SEX**

Male Neutered

**AGE**

14 years

**PLAN**

A screening blood pressure and T4 are recommended, then every 6 months lifelong.

**WEIGHT**

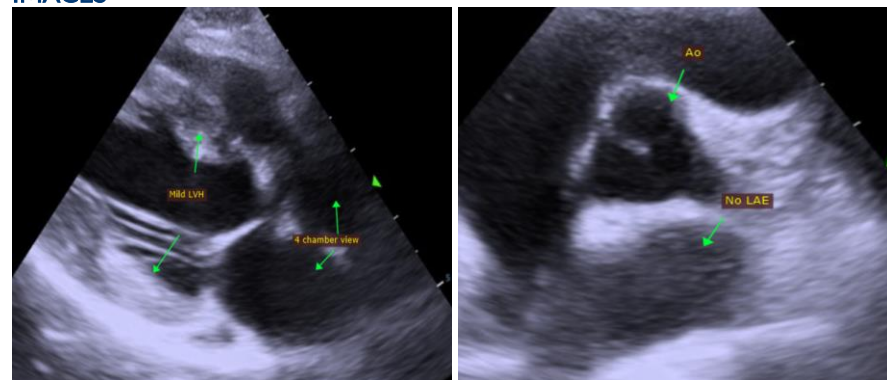
17lbs

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if any issues arise in the interim.

**IMAGES**

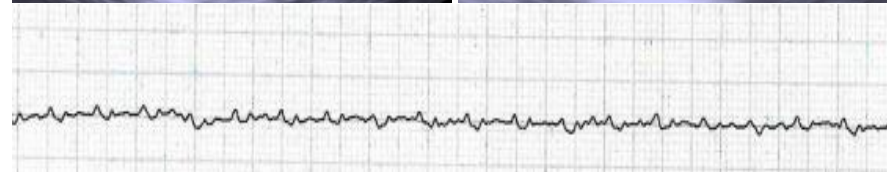
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**INVOICE**

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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.

**DATE**

7/7/22

Maggie Machen Lamy, DVM



**PATIENT**

Marley Hardy

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

info@sonopath.com

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