



**PATIENT**

Leelo Clifton

**SPECIES**

Feline

**BREED**

Maine Coon

**SEX**

Female

**AGE**

13 months

**WEIGHT**

9.6lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Dr. Belan, DVM

**PRESENTING CLINICAL SIGNS**

History: Nonclinical but had a murmur at time of purchase. Now is grade 3/6. Can feel murmur when holding.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is highly irregular with a focal septal thickening and regions of thinning. There is a regional hyperechoic endocardium consistent with fibrosis. The left atrium is mild to moderately dilated with a horizontal component. MV appears mildly thickened and elongated consistent with dysplasia. Color flow across the valve appears turbulent in diastole, consistent with some degree of stenosis; however, this is not supported by mitral inflows. Mild eccentric mitral regurgitation. No obvious systolic anterior motion of the MV is seen. The right atrium is normal in size. The right ventricle appears normal. Trace TR. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions or cardiac tumors are identified.

**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	4.34	207	0.68	1.18	0.45	58	89
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	1.6	1.5	1.5		1.5	1.3	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.

**HOSPITAL NAME**

McKnight Animal Hospital

**REFERRING VET**

Dr. Pugh

**INVOICE**

25723

**DATE**

8/11/22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The primary abnormality identified is an abnormal MV, with mild mitral regurgitation and potentially some degree of stenosis (advanced imaging would be necessary to confirm). This is likely due to mitral valve dysplasia, although no outflow tract obstruction is seen which is atypical. A focal region of hypertrophy is noted, which is of unknown significance. Additionally, the overall LV morphology is highly irregular, particularly given the age of the patient. If not recently performed, a **screening BP and T4** are recommended; however, these are unlikely to be an issue a juvenile cat. Regardless of academic diagnosis, the LA is mild to moderately increased in dimension, putting this patient at risk for issues going forward. Given the unusual nature of the findings, highly recommend referral to a local Cardiologist for serial examinations.

Regardless of categorical classification, the finding of left atrial dilation in a 1-year-old cat is concerning, and it would be reasonable to consider Pimobendan in this case. That being said, the benefit of medications prior to onset of CHF is unknown in cats, and would be theoretical. Discussion with the owner is advised. Going forward there will always remain risk for progression to CHF and development of blood clots in the future. Monitoring of sleeping breathing rates at



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home is recommended as the best way to screen for recurrent CHF at home. Long term prognosis with LA dilation is guarded yet highly variable with subclinical cardiomyopathy.

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Feline

The risk for general anesthesia is mildly elevated, with high risk for fluid overload. Anesthetic risk is considered elevated, with high risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and dexdomitor. The risk for complications with steroid use is also elevated, and close monitoring of RR/RE is recommended if used in the future, particularly during the initiation phase.

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**PLAN**

Screening BP and T4. Consider referral in this complicated case. If elected, institute Pimobendan 0.625mg PO q12h.

**AGE**

13 months

Recheck echocardiogram is recommended in 6 months, sooner if development of any clinical signs.

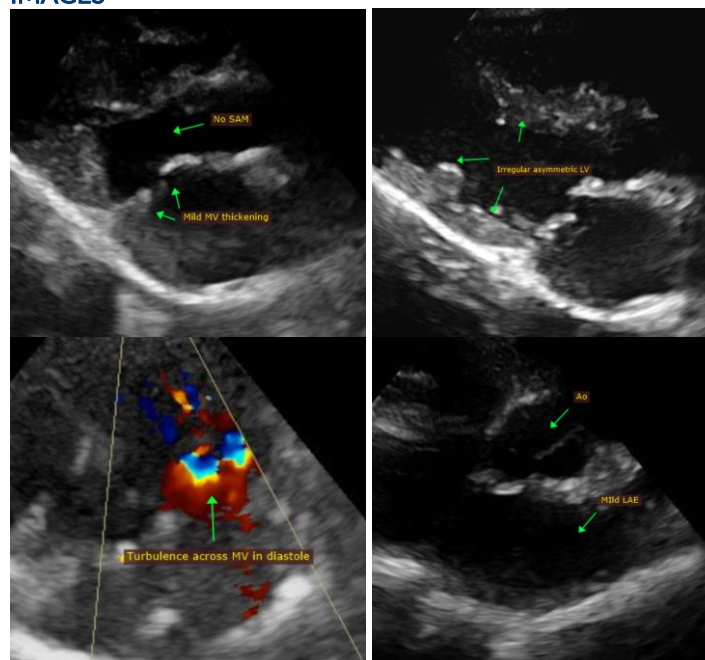
**WEIGHT**

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**IMAGES**

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Maggie Machen Lamy,  
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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**

25723

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**

8/11/22

Maggie Machen Lamy, DVM  
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