



**PATIENT**

Garnett Burlington  
Humane Society

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

8 years

**WEIGHT**

11.5lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

Burlington Humane  
Society

**REFERRING VET**

Dr. Patton

**INVOICE**

32336

**DATE**

8/14/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo - HCM diagnosed 3/2023. BP: 165mmHg.  
-ECG: Showed isolated VPCs with bigeminy.  
-Current medications: Clopidogrel 18.75mg SID; Vetmedin 1.25mg BID; Furosemide 50mg/ml 0.1ml BID.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately increased in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. The systolic function is intact. The right ventricle appears normal with no atrial enlargement. There is marked left atrial enlargement with marked spontaneous contrast. Concern for early thrombus formation in the auricle. The mitral valve appears normal. No MR or TR is appreciated. Blood flow through both great vessels is normal in velocity. No pericardial or pleural effusion. Arrhythmia noted throughout.

**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	5.2	180	0.72	1.3	0.75	46	81
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	2.5	2.0	0.95	1.0	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**

Given the history, this study is consistent with end-stage or burn out hypertrophic cardiomyopathy. The finding of severe left atrial dilation confirms the origin of clinical issues is cardiac in origin. There is concern given the degree of smoke for early thrombus formation, and the patient is at exceedingly high risk for blood clot formation/ATE. Continued lifelong medications is recommended. Finally, arrhythmias are noted throughout the study and a recheck ECG should be obtained.

Although the patient is doing well, the prognosis remains poor to grave, with a mean survival time for cats with CHF <8-12 months, however most are able to maintain a good quality of life on medications if able to be stabilized. There will always remain risk for recurrent episodes of CHF, development of blood clots, arrhythmias, and/or sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.



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**PLAN**

Continue Lasix, Pimobendan and Plavix as prescribed. Given that the BP is reasonable, consider additional of an ACE-I 0.5mg/kg PO q12h.

**SPECIES**

Feline

Recheck renal values and BP every 3-4 months lifelong. If signs of a blood clot arise, recommend euthanasia in this case due to a grave overall prognosis.

**BREED**

DSH

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

**SEX**

Male Neutered

**IMAGES**

**AGE**

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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.

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

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.

**IMAGING  
PERFORMED BY**

Kelly Reschny, RVT

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