



**PATIENT**

Dobbin Lawyer

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

10 years

**WEIGHT**

22.1lbs

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Previous HCM diagnosis. Has diabetes.

-Current medications: Furosemide 12.5mg PO SID, Clopidogrel 75mg 1/4 tab PO SID, Enalapril 2.5mg 1/2 tab PO SID.

-Pertinent previous echo findings (3/2018): LVIDd 1.5 cm, LVIDs 0.7 cm, IVSd 0.82 cm, LVPWd 0.62 cm, mild SAM, LA/Ao = 1.6. FS- 53%

**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; 50mm/s, 20mm/mV. Low voltage tracing impedes extensive interpretation. The average heart rate is 188bpm (range 166-200bpm). P waves cannot be visualized due to device insensitivity. No obvious 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. 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 mild left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. NoTR. 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.

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Dana Alterman,  
RDMS, LVT

**HOSPITAL NAME**

Eubank Animal Clinic

**REFERRING VET**

Dr. Hedberg

**INVOICE**

25772

**DATE**

8/15/22

**CARDIAC CHART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	10.0		0.65	1.7	0.64	52	90y
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	1.5	1.5	1.5		1.1	0.9l	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 should be ruled out in this case as contributing factors. The degree of disease is mild, with only mild LVH and mild LA dilation. This would indicate the risk for clinical issues is low at this time. These findings are similar to the prior study, without obvious progression. No additional issues are identified and the ECG is unremarkable.



**PATIENT**

Dobbin Lawyer

No medications are indicated prior to significant atrial dilation. That being said, this patient is on triple therapy for CHF without further historical information. Unless CHF or severe LA dilation were noted previously, there is no obvious indication for medications due to low risk for complication. Further historical information should be sought; however, likely these can be discontinued.

**SPECIES**

Feline

Prognosis is guarded long term, given the highly variable rates of progression with subclinical cardiomyopathy.

**BREED**

DSH

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

**SEX**

Male Neutered

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.

**AGE**

10 years

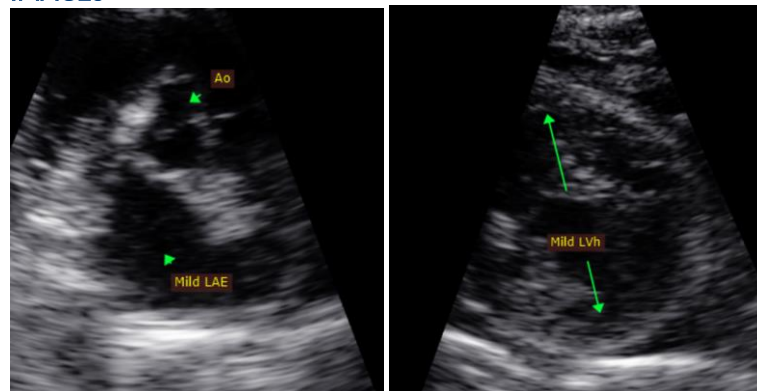
Plan: A screening blood pressure and T4 are recommended every 6 months lifelong. Further historical information needed to determine if medications are warranted (no evidence here).

**WEIGHT**

22.1lbs

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

**IMAGES**



**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Dana Alterman,  
RDCS, LVT

**HOSPITAL NAME**

Eubank Animal Clinic

**REFERRING VET**

Dr. Hedberg

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**

25772

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**

8/15/22

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