



**PATIENT**

Bella Wilmott

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

8 years

**WEIGHT**

8.4lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Warren Animal  
Hospital

**REFERRING VET**

Dr. Zaccheo

**INVOICE**

26132

**DATE**

8/31/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo.

-Current medications: Pimobendan, Clopidogrel, Furosemide once daily.

-Abnormal PE/Chem/CBC/UA Results (2/2022): BUN 37, Creat 2.5.

-Pertinent previous echo findings (2/2022 MML): Irregular LV with hypertrophy and thinning. Severe LAE with smoke, moderate MR. IVSd: 0.75, LVWd: 0.78, LA: 1.8.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with significant basilar thickening contrasting regions of normal wall thickness. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied as well. The endocardium also appears remodeled. The left atrium is moderately dilated and bulbous in appearance. No significant smoke is visualized. Auricular dilation. The right atrium is normal in dimension. The right ventricle appears normal. The mitral valve is mildly thickened with moderate eccentric MR. Normal MR velocity. Trace TR. Blood flow through the RVOT and LVOT is normal in velocity. No pleural or pericardial effusion seen. 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>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 <small>(mean 1.5)</small>	3.5-0.55	35-67	80-100
PATIENT	3.8	160	0.8	1.4	0.63	54	88
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	1.7	1.7	1.63		1.4	0.8	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**

HCM persists with overall stability. The LV appearance is similar to previous with irregular LV thickening/thinning. The LA is slight improved, likely due to medications and MR is unchanged. No additional issues are identified.

Given these findings, reasonable to continued medications; however, twice daily Lasix dosing is strongly recommended due to short half-life of the medication (ie split the current dose into BID). Close monitoring for any clinical signs at home is advised.

Unfortunately, the mean survival time for cats with CHF is 8-12 months, however most are able to maintain a good quality of life on medications. Patient will always remain at high risk for recurrent episodes of CHF and development of blood clots 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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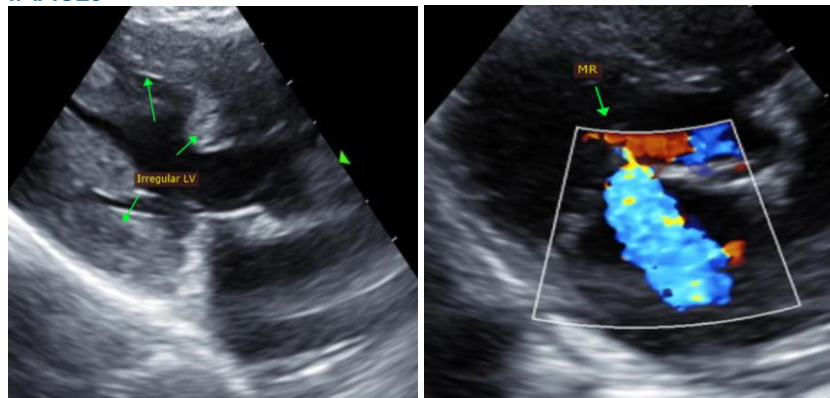
Elective anesthesia, fluid or steroid therapy is not advised.

**PLAN**

Monitor BP and renal every 3-4 lifelong. Continue medications as prescribed. Recommend splitting the Lasix dose into q12h dosing for more balanced diuresis.

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

**IMAGES**



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.

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.

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