



**PATIENT**

Cinnamon Sandler

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

14 years

**WEIGHT**

7lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History mild HCM; history third degree AV block; history hyperthyroidism -controlled. Presently, Cinnamon is doing well at home; good appetite. Owner noted weight loss (was 8# at recent rDVM visit). On exam: NSR, grade II/VI parasternal murmur, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2. BP N/A. Current medications: Felimazole/methimazole 2.5mg 2 tabs in morning, 1 tab in pm with once a week 2 tabs twice a day. \*Sedated with alfaxalone for study. \*Some labored breathing was noted during echo study.

-Pertinent previous echo findings (2/7/23 MML): LA 1.5 cm; LA:Ao 1.6; IVS 0.54 cm; PW 0.60 cm; mild LAE, mild LVH, endocardial fibrosis, papillary muscle remodeling.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.

**Left ventricle:** The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are mild to moderately increased symmetrically. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. False tendon.

**Left atrium:** The left atrium is moderate to severely dilated. No obvious spontaneous contrast or thrombi seen.

**Mitral valve:** The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. Mild central MR.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trivial aortic insufficiency.

**Right ventricle:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

**Right atrium:** The right atrium is moderately dilated.

**Tricuspid valve:** The tricuspid valve appears normal with trace tricuspid regurgitation.

**Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

**Pericardium/other:** Scant pericardial effusion. Pockets of pleural effusion No obvious cardiac masses.

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 120bpm with persistent 3<sup>rd</sup> degree AV block.

**2-Dimensional Measurements**

Ao diam (cm)	0.9
LA diam (cm)	1.8
LA:Ao (Swe)	2.0
IVS thickness (cm)	0.64
LVID diastole (cm)	1.5
PW thickness (cm)	0.70
LVID systole (cm)	0.6
FS (%)	62

**Doppler Measurements**

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INVOICE**

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**DATE**

8/7/23

**INTERPRETATION OF THE FINDINGS**

Compared to the prior study, there is evidence of progression. The LV wall thickness is increased comparatively with progressive biatrial dilation. Most concerning is development of pleural and pericardial effusion, which is most consistent with congestive heart failure. 3<sup>rd</sup> AV block persists on the brief enclosed ECG as well.

Given these findings, full cardiac support is recommended going forward, including diuretic therapy. Correcting the bradycardia would likely benefit the patient and referral



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for a pacemaker consultation is recommended. If declined and quality of life suffers despite therapy, consider euthanasia as an alternative. It is unusual that the patient has bicavitory effusion yet no clinical signs at home and close monitoring is recommended.

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**RECOMMENDATIONS**

- Consider referral as discussed.
- If referral is declined, consider the following oral therapy:
- Institute Lasix 1mg/kg PO q12h
- Institute Pimobendan 1.25mg PO q12h.
- Institute Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).
- Reassess fluid status, renal panel and BP in 1-2 weeks.
- If quality of life suffers despite therapy, euthanasia should be considered.
- Monitor BP and T4 every 6 months.
- Anesthesia is not advised.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

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**PLAN**

- Monitor renal values and BP every 3-4 months lifelong.
- Recommend recheck echocardiogram in 6 months to screen for progression, sooner if any clinical signs arise in the interim.

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**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.

**REFERRING VET**

Dr. Masloski

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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8/7/23

Echocardiogram performed by: Pamela Harrigan, RDCS  
Pet Animal Ultrasound Service (4paus.com)