



**PATIENT**

Bill Harold

**PRESENTING CLINICAL SIGNS**

History: Abdominal breathing. No current medications.

**SPECIES**

Feline

**BREED**

Sphynx

**SEX**

Male Neutered

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets. No mitral regurgitation with marked left atrial dilation. Increased LV diameter with decreased myocardial function. Spontaneous contrast (smoke) seen in both atria. No thrombi visualized. The tricuspid valve appears normal with mild tricuspid regurgitation. Normal TR velocity. Normal pulmonary pressures. Severely dilated right atrial and ventricular diameter. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious AI or PI. Scant pericardial effusion. No pleural effusion noted. No obvious cardiac masses.

**CARDIAC CHART**

**AGE**

9 years

**WEIGHT**

9lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Crystal Hill, RVT

**HOSPITAL NAME**

Dog and Cat Clinic of  
Niagara

**REFERRING VET**

Dr. Snieder

**INVOICE**

20987

**DATE**

9/13/21

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	4.1	NM	0.47	2.1	0.47	33	60
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	2.2	2.5	2.5		0.8	0.7	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> Adapted from June Boon, Veterinary Echocardiography, 1998 Abbott J &amp; 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.</p>							

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The finding of severe biatrial enlargement in the face of normal/decreased LV wall thickness, systolic dysfunction and diffuse fibrosis/remodeling is most consistent with Unclassified or Restrictive Cardiomyopathy (UCM), however some infectious or inflammatory insult to the myocardium cannot be definitively ruled out. Regardless of categorical classification, the finding of this degree of biatrial dilation and scant pericardial effusion is diagnostic for congestive heart failure, and lifelong medications are warranted as below. **Dyspnea is noted on exam, and if the patient is unstable consider hospitalization.** Chest radiographs are highly recommended as well to further investigate respiratory changes. There is also smoke seen in both atria which raises the risk for a thrombotic event in the future.

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. There will always remain risk for recurrent episodes of CHF, development of blood clots and/or sudden death in the future.



**PATIENT**

Bill Harold

Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

**SPECIES**

Feline

**PLAN**

Consider hospitalization if needed for stabilization. Oral medications as follows: Institute furosemide 1-2mg/kg PO q12h. Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Institute Pimobendan 1.25mg PO q12h. Once stabilized, eating well at home and BP normal, institute vasodilator ACE-I 0.5mg/kg PO q12h.

**BREED**

Sphynx

Recheck renal values/BP in 10-14 days to ensure tolerance of medications.

**SEX**

Male Neutered

A recheck echocardiogram is recommended in 4-6 months to assess progression.

**IMAGES**

**AGE**

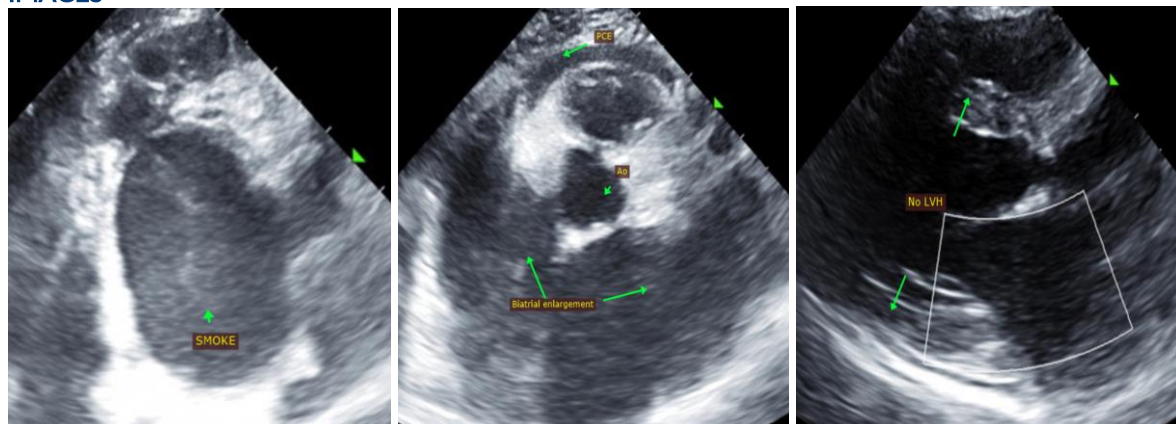
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Crystal Hill, RVT

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.

**HOSPITAL NAME**

Dog and Cat Clinic of  
Niagara

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.

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

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