



## PATIENT

Jax Austin

## SPECIES

Feline

## BREED

DSH

## SEX

Female Spayed

## AGE

12 years

## WEIGHT

6.7lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Jennifer Todd, DVM

## HOSPITAL NAME

Lambs Gap Animal  
Hospital

## REFERRING VET

Dr. Todd

## INVOICE

20982

## DATE

9/13/21

## PRESENTING CLINICAL SIGNS

History: H/O CM and has been on Enalapril. At an ER visit in Michigan after Jax became wobbly and lethargic, chest x rays showed a vertebral heart score of 9.5 per owner. Approximately 1 month ago, Jax ran out of enalapril and his owner reports that she has had episodes of lethargy. On exam grade III-IV/VI left and right systolic heart murmur is ausculted. Cardiopet ProBNP: 1500.  
-Blood pressure: today was 169/120, 170/122, 172/123mmHg.

**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; 25mm/s, 10mm/mV. The average heart rate is 214bpm with a regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The QRS is inverted. No 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 asymmetric with mild to moderate hypertrophy. Adequate systolic function. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled and mildly hypertrophied. The mitral valve is normal with no obvious MR. The left atrium is moderately dilated and bulbous in appearance with a horizontal component. No obvious smoke. The right atrium is normal. Tricuspid valve is normal with no TR. The right ventricle appears normal. The LVOT and RVOT are normal in velocity. Trace aortic insufficiency. No pericardial effusion seen. No pleural effusion. 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 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	2.5	NM	0.75	1.27	0.60	52	87
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	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	1.4	1.6	1.58	1.4	1.1	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

HCM is a rule out diagnosis once hypertension and hyperthyroid disease have been ruled out. The blood pressure is reportedly reasonable; however, thyroid status should be obtained. Regardless, moderate left atrial enlargement is present in addition to significant LV hypertrophy. A small aortic leak is noted, which should be monitored going forward. No obvious additional issues are identified, and the ECG is unremarkable with a sinus tachycardia.



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Given the finding of left atrial dilation, there is risk for progression in the future and medications can be considered. Enalapril being discontinued is unlikely to cause clinical signs; however, the finding of an aortic leak with mildly elevated blood pressure does warrant continued use. Additionally, Plavix may be reasonable given atrial dilation to help decrease the risk of a blood clot event in the future. If there is difficulty or reluctance to medicate at home, simple monitoring would be an alternative approach. Discussion with the owner is advised.

The long-term prognosis is guarded given the degree of disease seen here. There will always remain risk for progression to CHF and development of blood clots and/or sudden death in the future. Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

**PLAN**

Screening BP and T4 are recommended every 6 months. If elect to medicate, oral medications are as follows: Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Institute ACE-I 0.5mg/kg PO q12h.

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

**IMAGES**

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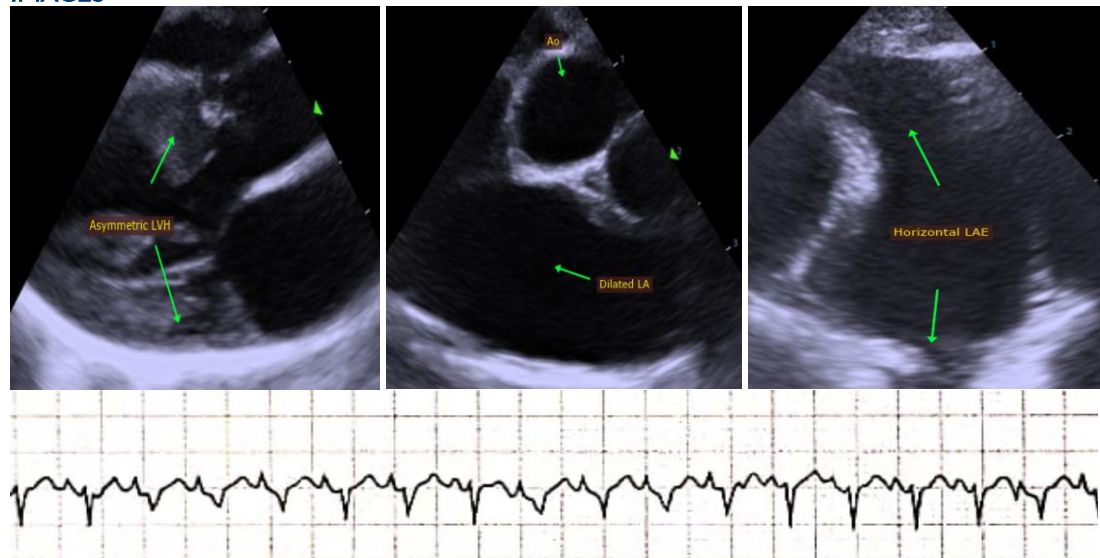
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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