



**PATIENT**  
Princess Pearl Taylor

**PRESENTING CLINICAL SIGNS**  
 History: Recurrent URI. Arrhythmia. Heart Rate and Respiratory Rates +200.  
 -Current medications: Amoxicillin.

**SPECIES**  
Feline

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only.  
 Marked cardiomegaly. Concern for imminent CHF.

**BREED**  
DSH

**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 rhythm is highly irregular with the heart rate ranging from 125-250bpm. No obvious P waves.  
 ECG diagnosis: Most consistent with atrial fibrillation.

**SEX**  
Female Spayed

**AGE**  
17 years

**ECHOCARDIOGRAM FINDINGS**  
 2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is remodeled with regions of irregularity. No obvious significant hypertrophy. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled. The LV systolic function is decreased with a highly irregular rhythm. The LV and RV are both normal in dimension. The left atrium is markedly dilated and bulbous in appearance with marked spontaneous contrast. The right atrium is severely dilated. The mitral valve is normal with mild central mitral regurgitation. Blood flow through both the LVOT and RVOT is decreased in velocity. Mild tricuspid regurgitation. Normal TR velocity. No pericardial effusion seen. No pleural effusion. No obvious cardiac tumors.

**WEIGHT**  
9.4lbs

**CARDIAC CHART**

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Willakenzie Animal  
Clinic

**REFERRING VET**

Dr. Kairis

**INVOICE**

21034

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9/15/21

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	4.3	150	0.39	1.55	0.50	46	82
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	2.6	2.8	2.6			0.7	NM
<p>*Note: All measurements based upon multi-modal images and methods. An average value is reported.            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 marked biatrial enlargement in the face of normal LV wall thickness is most consistent with Unclassified Cardiomyopathy (UCM), however burn-out or end-stage HCM can also have this appearance. There is also significant LV remodeling and fibrosis which indicates severe diastolic dysfunction. The LA is markedly dilated with a remarkable amount of smoke,



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putting the patient at extremely high risk for a blood clot event. The right heart is also affected although to a slightly lesser extent. No additional issues are identified.

Regardless of categorical classification, this degree of atrial dilation and arrhythmic disease confers high risk for spontaneous congestive heart failure in the near future and full lifelong medications are warranted as below. Interestingly these findings are unlikely to be related to reported chronic URI, which should be treated separately. The long-term prognosis is poor to grave; however, most cats are able to maintain a good quality of life for some time on medications if tolerated. The development of AF is concerning for more malignant arrhythmias and sudden death in the future; however, most cats are asymptomatic with AF and do not require medications. The degree of tachycardia in this case is quite variable and I wouldn't necessarily institute rate control at this time.

Going forward, there will always remain risk for recurrent CHF and development of blood clots in the future. Should signs of medication intolerance or a thrombus be noted, humane euthanasia should be strongly considered due to grave prognosis and advanced age. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for progression to CHF at home. Tolerance of medications in geriatric cats is always of concern, and blood values must be watched carefully.

Elective anesthesia should be avoided.

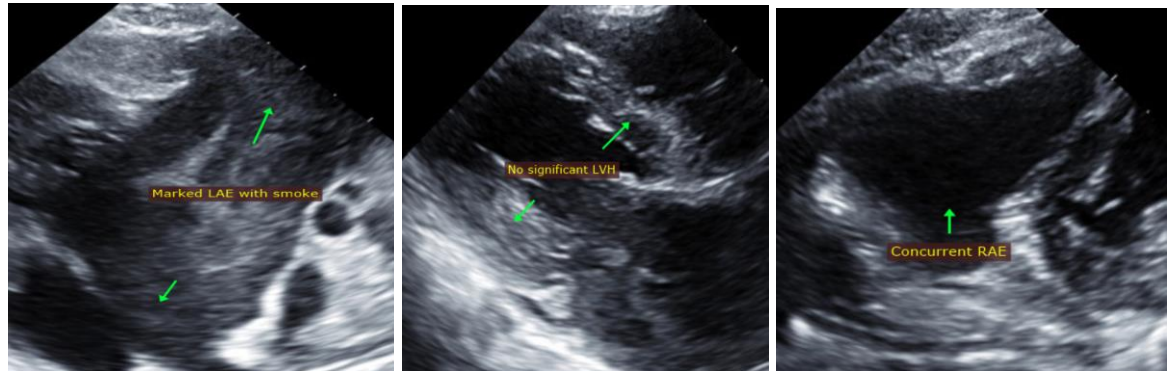
**PLAN**

Institute Lasix 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 (off label use) 1.25mg PO q12h. Continue tx for URI as indicated.

Recheck renal values, ECG and blood pressure in 10-14 days to ensure tolerance of medications and **reassess need for rate control**.

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

**IMAGES**





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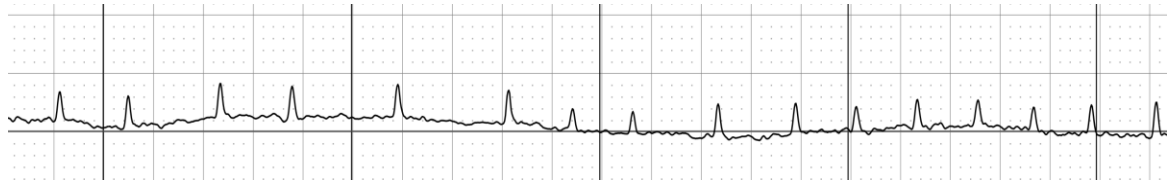
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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