



**PATIENT**

Shadow Connors-Ward

**SPECIES**

Feline

**BREED**

Maine Coon Cat

**SEX**

Male Neutered

**AGE**

5 years

**WEIGHT**

14.5lbs

**INTERPRETED BY**

Maggie Machen  
 Lamy, DVM  
 DACVIM (Cardiology)

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History severe HOCM, unchanged on prior echo. Currently, doing well at home. Medications: Clopidogrel 75 mg, 1/4 t SID; Enalapril 2.5 mg SID; Furosemide 12.5 mg, 1/2 t BID. \*Sedated with butorphanol.  
 -Pertinent previous echo findings (3/25/21 MML): LA 2.45 cm; LA:Ao 2.26; IVS 0.80 cm; PW 1.1 cm; LVOT 1.9 m/s; marked LAE with smoke; severe LVH; MV dysplasia

**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 severely increased in dimension. False tendon. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are hypertrophied and hyperechoic. The endocardium appears remodeled.

**Left atrium:** The left atrium and auricle are markedly increased in dilation. Smoke in the body of the atrium and auricle; no obvious thrombi.

**Mitral valve:** The anterior leaflet of the mitral valve is mildly thickened and elongated, with some degree of dysplasia. No obvious stenosis. The tip of the mitral valve is visible in the LVOT during systole. Mild to moderate eccentric mitral regurgitation is noted.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Aortic outflow velocities are borderline. No obvious aortic insufficiency.

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

**Right atrium:** The right atrium is normal in dimension.

**Tricuspid valve:** The tricuspid valve appears normal with no tricuspid regurgitation.

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

**Pericardium/other:** Small volume pericardial effusion noted. No pleural effusion noted. No obvious cardiac masses.

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 200bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.1
LA diam (cm)	2.6
LA:Ao (Swe)	2.3
IVS thickness (cm)	0.86
LVID diastole (cm)	1.4
PW thickness (cm)	0.90
LVID systole (cm)	0.92
FS (%)	45

**Doppler Measurements**

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.8
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**IMAGING PERFORMED BY**

Pamela Harrigan,  
 RDCS

**HOSPITAL NAME**

Wignall Animal  
 Hospital

**REFERRING VET**

Dr. Thomas

**INVOICE**

21197

**DATE**

9/23/21

**INTERPRETATION OF THE FINDINGS**

Severe HOCM persists with end-stage disease. While the LV is similar to previous, the LA is persistently progressively dilated with increased spontaneous contrast. The LVOTO remains borderline, and no additional issues are identified. Compared to previous, the quantity of pericardial effusion is slightly increased although small volume overall.

Given these findings, changes to the medications could certainly be argued. A dose increase in Lasix would be reasonable given increasing pericardial effusion (not to mention chronicity of disease) and is relatively low risk given the young age of the patient.



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Additionally, Pimobendan could also be argued in this case given end-stage disease and a minimal LVOTO. Discussion with the owner is advised.

**SPECIES**  
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Continued monitoring for recurrent CHF is advised as previously indicated and/or signs of a blood clot event. Long term prognosis is poor; however, it is encouraging this patient continues to do well despite these findings. Patient will always be at risk for CHF, blood clot events and/or sudden death in the future.

**BREED**  
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**RECOMMENDATIONS**

- Continue Enalapril and Plavix as prescribed with BP monitoring q6mo.
- Consider dose increase of Lasix to 12.5mg am, 6.25mg pm.
- Consider addition of Pimobendan 1.25mg PO q12h (off label use).
- Recheck renal panel in 1-2 weeks then every 4-6 months
- Elective 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.).

**SEX**  
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**PLAN**

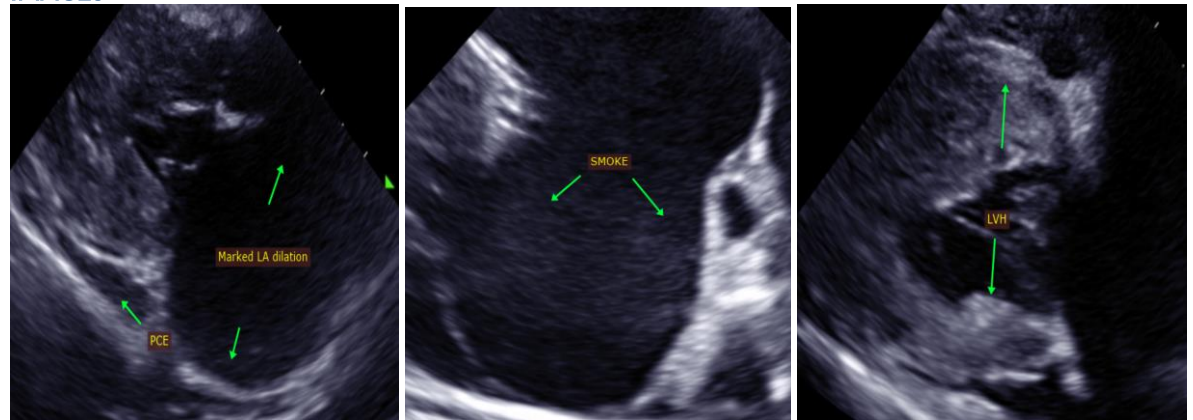
- Recommend recheck echocardiogram in 6 months to screen for progression, sooner if clinical signs arise in the interim.

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**IMAGES**

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 Pamela Harrigan,  
 RDCS

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**  
 Wignall Animal  
 Hospital

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.

**REFERRING VET**  
 Dr. Thomas

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