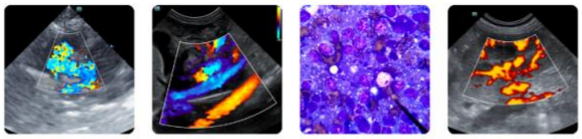


PATIENT

Oba Lanier

SPECIES

Feline

BREED

Sphynx

SEX

Neutered Male

AGE

5 Years 1 Month

WEIGHT

7.32 Pounds

INTERPRETED BY

James Wood, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT, RVT

HOSPITAL NAME

VCA Feline Animal Hospital

REFERRING VET

Dr. Smith

INVOICE

37308

DATE

6/3/26

PRESENTING CLINICAL SIGNS

History: Sibling had echo last week and enlarged RA- No arrhythmia, no murmur-coughing= Vet Medin (pimobendan) 5 mg - Give 1 1/2 tablets by mouth in am and 1 tablet by mouth in pm.

Abnormal PE/Chem/CBC/UA Results: ALT 228 and increased to 428 in one month- repeated liver today w/ bile acids -Na/K ratio 30 Systolic BP 180 Abnormal proBNP.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	**BODY WEIGHT** (lbs)	**HR** (BPM)	**IVSd** (cm)	**LVIDd** (cm)	**LVWd** (cm)	**FS** (%)	**EF** (%)
NORMAL PARAMETER	------	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	7.3	180	0.72	1.59	0.64	35.8	--
FELINE CARDIAC PARAMETERS	**LA/AO** (M-mode)	**LA/AO HEART BASE** (Sisson)	**LAD** LA MAX 4 Chamber		**LVOT VEL.** (m/s)	**RVOT VEL.** (m/s)	**IVRT** (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	2.5	2.5	1.93		1.25	1.1	NM
Adapted from June Boon, Veterinary Echocardiography,1998 Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705							

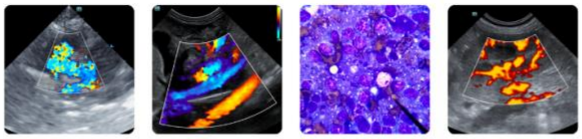
Radiographic Interpretation

Three chest radiographs are available for review. There is moderate to severe cardiomegaly with base-wide enlargement on the DV projection. The pulmonary vasculature is within normal limits. The pulmonary parenchyma is within normal limits with no evidence of decompensated congestive heart failure.

ECG Interpretation

A six lead ECG is available for review. There is significant baseline artifact throughout that somewhat limits the assessment. The underlying rhythm is suspected to be a regular sinus rhythm. Average heart rate is 180bpm. There is a nonspecific axis deviation and no ectopy is observed. While P waves are not clearly visualized, given the rate and regularity of the rhythm, a sinus rhythm is suspected.

Cardiac Presentation



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The left atrium is severely enlarged, along with the left auricle. Within the body of the left atrium and left auricle, there is spontaneous echocontrast, and what is suspected to be a soft thrombus. The mitral valve leaflets are normal and there is no mitral regurgitation. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. There is moderate symmetric concentric hypertrophy of the left ventricle. The right atrium is normal. The tricuspid valve is normal without evidence of tricuspid regurgitation. Subjectively normal RV systolic function. The aortic and pulmonary valves are normal without evidence of insufficiency. Aortic and pulmonary outflow velocities are within normal limits. The aorta and PA are normal along with the associated PA branches. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses. There is aliasing color flow within the right atrium that is suspected to be normal caudal vena cava flow.

ULTRASONOGRAPHIC FINDINGS

- Hypertrophic cardiomyopathy phenotype - ACVIM stage B2
- Left auricular spontaneous echocontrast/soft thrombus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram revealed thickening of the left ventricular walls. This is consistent with a hypertrophic cardiomyopathy phenotype, or HCM. In HCM, there is hypertrophy (thickening) of the muscle fibers that make up the walls of the heart. Many cases are a primary heart muscle disease (genetic in origin), however in some cases this can be a secondary process that may improve with treatment of the underlying condition (i.e. high blood pressure or hyperthyroidism among others). A blood pressure and total T4 are recommended in cats >6yr to rule these out as underlying causes (if not already performed). Regardless of the cause, the thickening causes diastolic dysfunction, and progressive left atrial enlargement. Eventually, cats with left atrial enlargement are at risk of developing congestive heart failure (pulmonary edema, pleural effusion, or both), blood clot formation and arrhythmias/sudden death. Some cats with mild HCM may live a normal lifespan with no further progression of disease. However, it is also possible that his HCM will progress over time and further therapy may be required for congestive heart failure, blood clots, or arrhythmias.

The echocardiogram showed HCM with severe left atrial enlargement. There is no radiographic evidence of congestive heart failure at this time. Clopidogrel is recommended (18.75 mg PO once daily) given the evidence of thrombus formation on echo today. A recheck cardiac ultrasound is recommended in 2-3 weeks after clopidogrel therapy to determine if the spontaneous echocontrast persists. If it does, initiation of rivaroxaban at a dose of 2.5 mg PO once daily is recommended. A recheck echocardiogram +/- thoracic radiographs is recommended in 6 months.

Pimobendan is not indicated for this disease at this stage but could be considered after the onset of congestive heart failure. Tapering and discontinuing of the Vetmedin is reasonable.

Monitoring

It is very important to catch any clinical signs concerning for emerging CHF as early as possible. The

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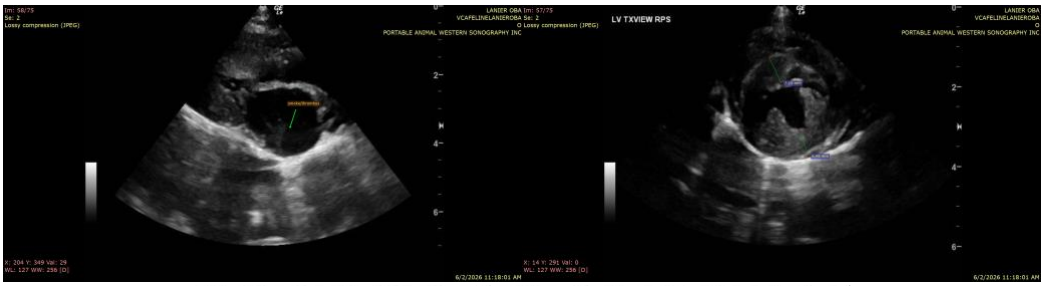
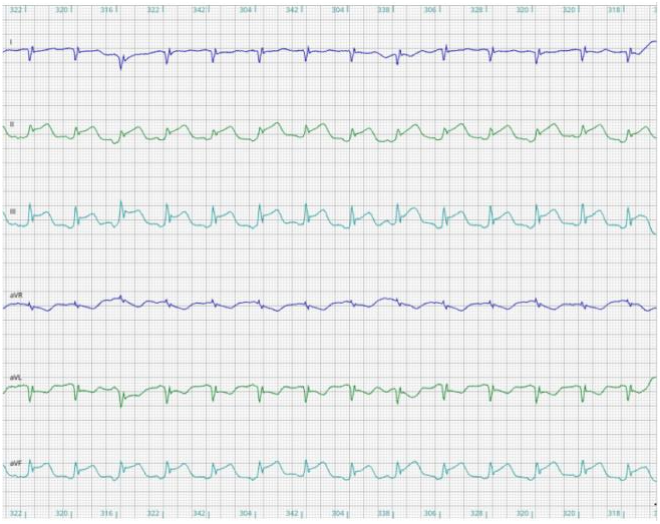
client should be closely monitoring and ideally tracking the sleeping respiratory rate. The sleeping RR should be between 10-30 breaths per minute or less (ideally in the teens or low 20s). **If the resting RR is trending upward**, consistently>35/min while resting/sleeping, the patient should be seen urgent for evaluation to determine if CHF is developing. If your pet is ever unable to use one or more of their limbs, seek emergency veterinary attention. *RECHECK ASAP for thoracic radiographs if there is increase in RR to detect early CHF and avoid ER presentation**





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

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

James Wood, DVM, DACVIM (Cardiology)

info@SonoPath.com