PATIENT

Spencer Holly

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

15 Pounds

INTERPRETED BY

Tam Mengine DVM, DABVP (Canine/Feline Practice)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

Dr. Katara

INVOICE

35682

DATE

11/28/25

PRESENTING CLINICAL SIGNS.

History: Cardiac dz vs. infection resp dz? Gallop arrhythmia soft tissue opacity and cardiomegaly on Txr. Abnormal PE/Chem/CBC/UA Results: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	**BODY WEIGHT** (kg)	**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	6.8	NM	0.6	1.5	0.7	45	NM
FELINE CARDIAC PARAMETERS	**LA/AO** (m-mode long axis)	**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	2.32	2.55	2.27		0.60	0.60	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

Cardiac Presentation

The **left atrium** is very severely enlarged, with decreased atrial systolic function and evidence of spontaneous echocardiographic contrast but no visible thrombus formation. The **left ventricle** is normal in diameter with segmental septal thickening and diffuse free wall thickening in diastole, with prominent papillary muscles, and demonstrates adequate systolic function. The **right atrium** is subjectively enlarged, and **right ventricle** dimensions and systolic function are subjectively normal. There is a small jet of **mitral regurgitation** present, typical of annular stretch. There is normal laminar flow across the **aortic, tricuspid** and **pulmonary valves**, which exhibit normal appearance and function. There is no evidence of pulmonary hypertension. There is scant pericardial effusion seen. There is evidence of a tachyarrhythmia present.

ULTRASONOGRAPHIC FINDINGS

- Hypertrophic cardiomyopathy (HCM) phenotype – end stage
- Congestive heart failure
- Suspected tachyarrhythmia

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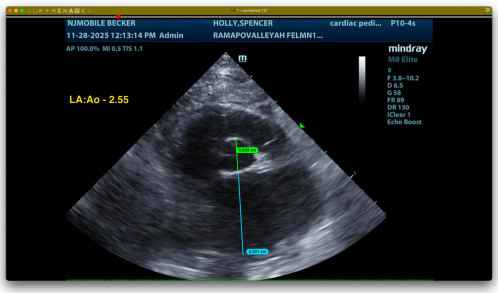
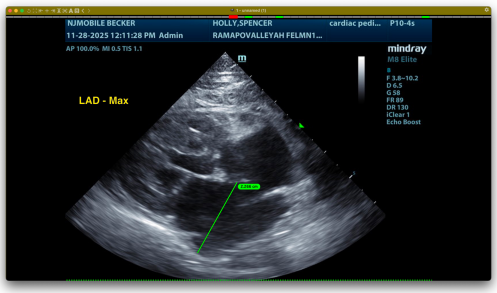
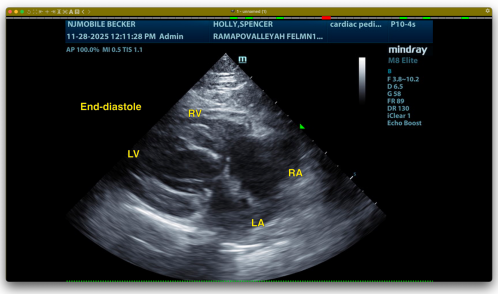
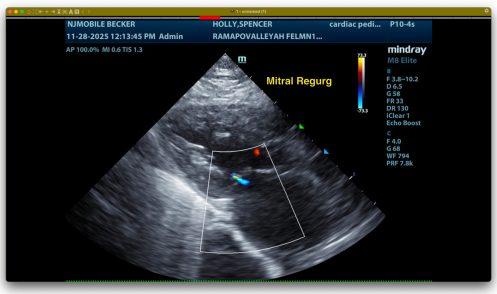
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- The changes on the echocardiogram and thoracic radiographs are consistent with congestive heart failure as the underlying cause for any respiratory symptoms.
- A baseline renal panel, thyroid level, and blood pressure measurement should be obtained. Hyperthyroidism and systemic hypertension are both causes of an HCM phenotype that may be reversible with treatment of the underlying problem.
- Beginning treatment with furosemide at 1 mg/kg PO twice daily, with adjustment as needed to find the lowest dose that controls respiratory rate and effort. Begin clopidogrel at ¼ of a 75 mg tablet PO once daily. Pimobendan may also be of benefit and can be started at 0.25 – 0.3 mg/kg PO twice daily.
- An ECG is recommended to determine whether anti-arrhythmic therapy is indicated.
- Renal values and electrolytes should be rechecked in one week. A mild azotemia is not a contraindication to a certain diuretic dose, but if a creatinine >2.5 occurs, the furosemide dose may need to be tapered. Potassium supplementation should be considered if there is persistent hypokalemia.
- Generally, cats with HCM and congestive heart failure, have a poor long-term prognosis, with typical lifespan ranging anywhere from 3 – 12 months after the initial occurrence of CHF. The presence of an arrhythmia, if confirmed, further worsens the prognosis, and puts the patient at risk for sudden death.
- Given the severity of heart disease present, anesthesia is not recommended for this patient. If anesthesia is unavoidable, having the procedure at a facility with a board-certified anesthesiologist is recommended.

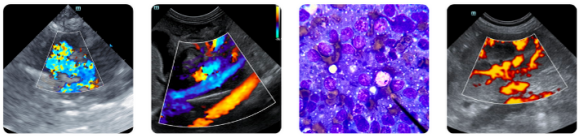








New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com