



PATIENT

Patches Radcliffe

SPECIES

Feline

BREED

Snowshoe

SEX

Male Neutered

AGE

10.5 years

WEIGHT

16.1lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Compassion
Veterinary Clinic

REFERRING VET

Dr. Patil

INVOICE

28311

DATE

1/13/23

PRESENTING CLINICAL SIGNS

History: Seen at ER for Hematuria. Dx. with Diabetes mellitus. Abnormal snap proBNP. No murmur noted. Current medications: Lantus insulin- dose pending. BG Curve scheduled 1/11/23. Conventia given 01/02. *Sedated with Butorphanol.
-Abnormal PE/Chem/CBC/UA Results: pCO2=27.8pH=7.432 BE. (ecf)=5.8 Ca⁺⁺=1.0. GLU=376.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is mildly increased with adequate myocardial function. The LV wall thicknesses are borderline normal in dimension with regions of thinning. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled and asymmetric. The endocardium appears remodeled.
Left atrium: The left atrium is severely dilated with a horizontal component (auricular involvement). No obvious thrombi seen.
Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. Trace central MR due to annular stretch.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.
Right ventricle: Mild right ventricular dilation.
Right atrium: The right atrium is mildly dilated.
Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 170bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.85
LA:Ao (Swe)	1.85
IVS thickness (cm)	0.55
LVID diastole (cm)	1.8
PW thickness (cm)	0.54
LVID systole (cm)	0.76
FS (%)	59

Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.33
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The finding of severe left atrial and mild LV enlargement in the face of borderline normal LV wall thickness is most consistent with Unclassified or Restrictive Cardiomyopathy (RUCM); however, end-stage HCM can also have this appearance. Severe left atrial dilation is present which raises the risk of a blood clot event. The right heart is mildly affected, with mild RAE. No additional obvious issues are seen.

Regardless of categorical classification, this degree of atrial dilation confers high risk for spontaneous congestive heart failure and/or a blood clot event in the near future and institution of lifelong medications is suggested as below. Even without reported clinical signs the patient is at high risk for decompensation. The long-term prognosis is guarded to poor even with medications and no reported symptoms; however, most cats are able to maintain a good quality of life for some time. There will always remain risk for progression to CHF and development of blood clots in the future.



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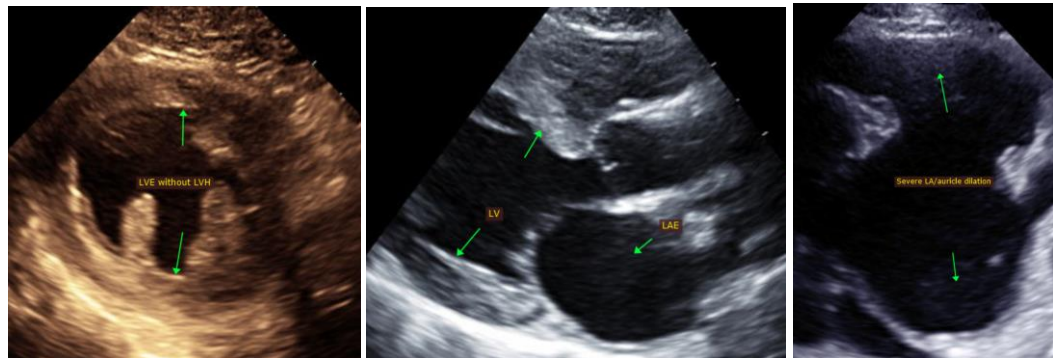
RECOMMENDATIONS

- Institute low dose Lasix/furosemide 1mg/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.
- 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.).

PLAN

- Recheck renal panel, BP in 1-2 weeks to determine response to medication, then every 6 months lifelong.
- Recheck echocardiogram in 6 months, sooner if clinical signs arise

IMAGES



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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Echocardiogram performed by: Pamela Harrigan, RDCS
 Pet Animal Ultrasound Service (4paus.com)