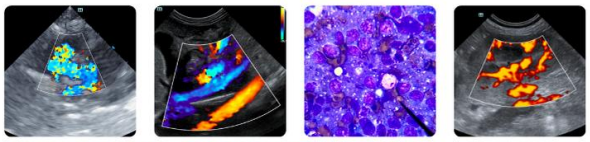

PATIENT

Duncan Libutti

SPECIES

Feline

BREED

DSH

SEX

Fmale Spayed

AGE

1.6 years

WEIGHT

8.8lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing, ER

REFERRING VET

Blue Pearl Wyomissing

INVOICE

46600

DATE

1/28/26

PRESENTING CLINICAL SIGNS

History: Echo to further evaluate suspected CHF and diuretic-induced acute kidney injury that is improving. Presented to the ER on 1/24/26 for dyspnea. Initial PE noted diffuse severe crackles, no HM, no arrhythmia, pulses synchronous, bradycardia at 130bpm, hypothermic. Hospitalized in O2 cage x 2 days, weaned, and discharged home. Developed AKI in hospital which appeared to be related to Furosemide. Dehydration was also noted, est 5%. Furosemide 0.52mg/kg IV Q8 decreased to Q12h. During hospitalization, one PE noted a grade 3-4/6 HM, not noted at the next PE. Discharged medications: Furosemide 12.5mg - 1/4 T PO q12h. Time of echo: S1S2, no murmur or arrythmia appreciated. PQSS. Lungs clear bilaterally, normal RR/RE. BAR. BP (throughout hospitalization): Doppler 113, 105, 106, 126, 133, 138mmHg. Sedated with Torb and Alfaxalone.
-CXR report: Mild cardiomegaly. and the pulmonary vasculature is distended. There are interstitial & alveolar pulmonary infiltrates noted, that are somewhat more evident cranially. ST nodules not seen. There is a very small volume of pleural effusion.
-Abnormal lab results: BNP: Abnormal. PCV/TS: 50% / 7.8 (prev 50% / 7.6). Chem: Gluc 443 -> 127 EPOC: pH 7.47, Cr 2.0 (prev 2.15), BUN 27 (prev 30), K 3.4 L, Na 145 L, Cl 111, iCa 1.15 - HCt 49.5% - T4: 1.7-n

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension with a normal chamber size. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hypertrophied. The endocardium also appears remodeled. Adequate myocardial function. The left atrium is mild to moderately dilated in size. No obvious spontaneous contrast seen. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No obvious MR/TR. Blood flow through both the LVOT and RVOT is normal in velocity. Scant pericardial effusion seen. No pleural effusion. No obvious cardiac tumors.

CARDIAC CHART

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	4.0	150	0.63	1.1	0.61	47	90
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	1.9	1.8	1.5		0.6	0.7	NM

**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
Adapted from June Boon, Veterinary Echocardiography,1998
Abbott J & 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis for LV hypertrophy once a patient is confirmed euthyroid and normotensive. Both should be considered in this case, although given the age of the patient, primary disease is suspected. The left atrium is mild to moderately enlarged, indicating risk for spontaneous CHF and/or blood clot events going forward. No additional structural issues are identified.

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Given these findings, the diagnosis of CHF is supported and continued cardiac support should be administered as below. It is worth mentioning this degree of LA dilation is somewhat surprising to develop organic CHF, and contributing factors should be considered (any history of fluid or steroid therapy, etc.). That being said, the patient was reportedly significantly azotemic, which may be contributing. Regardless, continued treatment is recommended as below. Steroid or fluid therapy should certainly be avoided in this case.

The mean survival time for cats with CHF is 8-12 months; however, most cats are able to maintain a good quality of life on medications. Patient will always be at high risk for recurrent episodes of CHF and development of blood clots in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

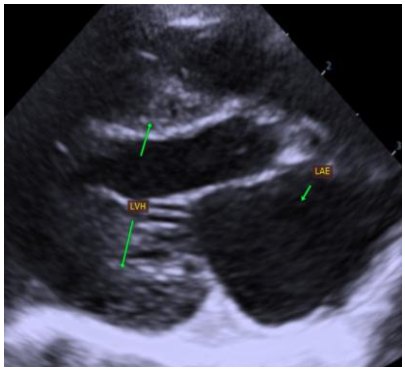
PLAN

Continue 1-2mg/kg PO q12h. Institute Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges).

Monitor renal values and BP in 1-2 weeks then every 3-4 months lifelong. If doing well and BP >130mmHg, institute ACEI 0.5mg/kg PO q12h. If difficult to medicate or hypotensive, do not utilize.

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

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.

Maggie Machen Lamy, DVM
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