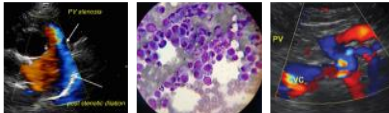


IMAGING PERFORMED BY

IntraPet.com



PATIENT

Scout Fitzpatrick

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

4.9.11

WEIGHT

11.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

North Laurel Animal
Hospital

REFERRING VET

Dr. Steere

INVOICE

28618

DATE

1.30.23

PRESENTING CLINICAL SIGNS

History: Weight loss. Chronic history of vomiting.
-Pertinent abnormal PE/Chem/CBC/UA Results: October 2022 CBC/Chem/T4 NSF.
-Current medications: None listed.
-Sedation used: Patient received Gabapentin prior to scan.
-Pertinent previous ultrasound results: No previous.
-STAT: Not requested
-Imaging performed by: Andi Parkinson, BS, RDMS.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The LV chamber is increased with increased sphericity. Mild to moderate systolic dysfunction. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are asymmetric and irregular. The endocardium also appears remodeled. The left atrium is mild to moderately dilated. The mitral valve is normal in structure and mobility. Trace MR. The right atrium is normal. The right ventricle is normal. No TR. Blood flow through the LVOT and RVOT are normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.3	190	0.40	1.9	0.43	26	50
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		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	NM	1.65	1.55		0.9	0.8	NM

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

Restrictive/unclassified cardiomyopathy (R/UCM) is suspected. This diagnosis is based upon left atrial and ventricular dilation with LV dysfunction. Fortunately, mild to moderate atrial dilation indicates the risk for complication is relatively low; however, there is high risk for progression going forward. No additional issues are identified.

Given these findings, it may be reasonable to institute cardiac supportive Pimobendan in this case (off label use). If this cat is difficult to medicate, an alternative would be to monitor closely for progression in the next 6 months. No additional medications are indicated at this time. With any further atrial dilation, Plavix and potentially an ACEI can be considered. Many cats with cardiomyopathy will remain occult/asymptomatic for extended periods of time; however, there is a subset that will experience more rapid progression to clinical signs in the first few years after diagnosis.

Prognosis is guarded at this time.

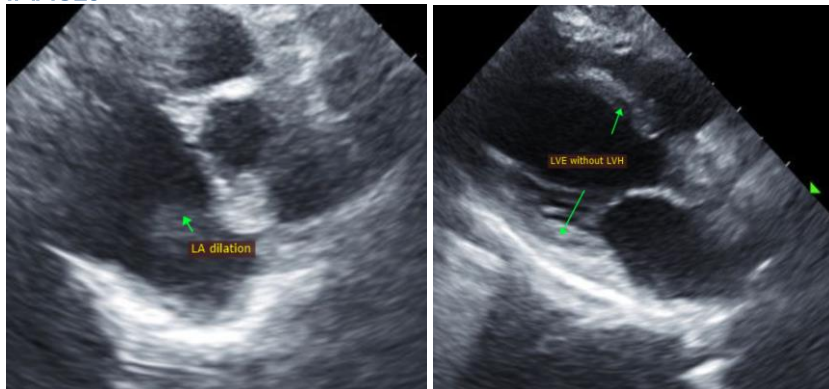
Anesthetic risk is considered moderately elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol would include opioid/benzodiazepine pre-medication, propofol induction, isoflurane gas. Avoid steroids if possible.

PLAN

Consider Pimobendan as discussed: 1.25mg PO q12h. Baseline BP recommended.

Recommend recheck echocardiogram in 6 months to assess for progression and need for medications, 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.

Maggie Machen Lamy, DVM
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