


PATIENT

Willow Woytas

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

8.5 years

WEIGHT

15.2lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

The Cat Clinic

REFERRING VET

Dr. Hall

INVOICE

28133

DATE

1/5/23

PRESENTING CLINICAL SIGNS

History: Presented for general malaise with tachypnea and tachycardia, no murmur heard. Inappetent. Started Clopidogrel and Furosemide. Seems to have helped somewhat. Sedate with Butorphanol.

-Abnormal PE/Chem/CBC/UA Results: CBC and biochem WNL, USG 1.052, fPL WNL, B12 WNL, marked elevation in ProBNP>1500.

-Single right lateral chest radiographs (due to patient stress): Alveolar pattern and vascular pattern noted on single lateral radiograph. enlarge cardiac silhouette (generalized). Liver also appears enlarged (suspect congestion).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal with regions of remodeling and irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The systolic function is normal. The papillary muscles are mildly remodeled. The left atrium is severely dilated. No obvious spontaneous contrast; no obvious thrombus. No MR. The right ventricle is also affected, with diffuse fibrosis and remodeling. Mild RA dilation. Trace TR; normal velocity. Blood flow through the RVOT and LVOT is low normal velocity. Trace pericardial effusion. 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	6.9	100	0.48	1.7	0.50	63	93
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	2.1	2.2	2.0		0.7	1.1	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

The finding of severe biatrial enlargement in the face of normal LV wall thickness is most consistent with Unclassified or Restrictive Cardiomyopathy (UCM/RCM); however, some historical infectious or inflammatory insult to the myocardium cannot be definitively ruled out. Mild right atrial dilation is also noted, albeit to a lesser extent.

The finding of this degree of biatrial dilation confirms the origin of prior tachypnea is spontaneous congestive heart failure, and lifelong medications are warranted as below. This patient is at high risk for thromboembolic events regardless of medications and this should be expressed to the owner (monitor for neurologic change, acute



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paralysis/lameness, etc.). The prognosis is poor to grave, with a mean survival time for cats with CHF <8-12 months, however most are able to maintain a good quality of life on medications if able to be stabilized. There will always remain risk for recurrent episodes of CHF, development of blood clots, arrhythmias, and/or sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

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PLAN

Oral medications: furosemide 1-2mg/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) 0.625mg PO q12h.

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Once stabilized, eating well at home and BP >130mmHg, consider addition of vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h.

AGE

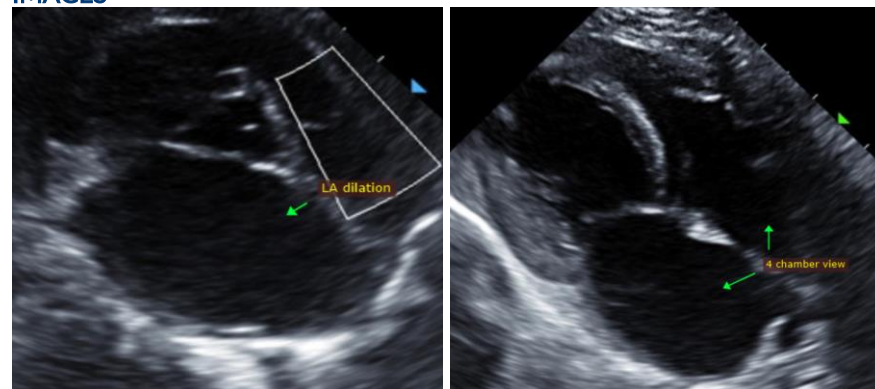
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Recheck renal values in 10-14 days to ensure tolerance of medications, then every 3-4 months lifelong. A recheck echocardiogram is recommended in 4-6 months to assess for progression.

IMAGES

WEIGHT

15.2lbs



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Maggie Machen Lamy,
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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.

HOSPITAL NAME

The Cat Clinic

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.

REFERRING VET

Dr. Hall

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