



PATIENT

Mello Banks

PRESENTING CLINICAL SIGNS

History: Lethargy; ongoing intermittently x one month; chronic daily cough, decreased appetite, diabetes. Newly diagnosed gallop rhythm. Glucose 292, BUN 63, creat 3.3; HCT 22. Abnormal cardiac BNP. On Clavamox, Lantus 2u BID. BP: 207, 207, 210mmHg.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

BREED

DSH

Left ventricle: The LV dimeter is normal with adequate myocardial function. The LV wall thicknesses are irregular with mild thickening overall. The endocardium appears mildly remodeled. The papillary muscles are mildly hypertrophied.

SEX

Male Neutered

Left atrium: The left atrium and auricle are mild to moderately dilated. No spontaneous contrast is suspected.

AGE

16 years

Mitral valve: The mitral valve is normal in structure and mobility. No systolic anterior motion is seen. Mild central mitral regurgitation.

Aortic valve/Aorta: Aortic valve is normal. Normal outflow velocity, laminar flow. No AI.

Right ventricle: Right ventricular appears normal.

Right atrium: The right atrium is mild to moderately dilated.

Tricuspid valve: Tricuspid valve is normal with no TR.

Pulmonic valve/Pulmonary artery: The pulmonic valve appears normal in morphology and mobility. Decreased pulmonic outflow velocities with laminar flow. No PI.

WEIGHT

15lbs

Pericardium/other: Scant/small volume pericardial effusion. No obvious pleural effusion. No obvious cardiac tumors.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 210bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.08
LA diam (cm)	1.63
LA:Ao (Swe)	1.51
IVS thickness (cm)	0.65
LVID diastole (cm)	1.72
PW thickness (cm)	0.63
LVID systole (cm)	0.70
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	0.81
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once hypertension and hyperthyroidism have been considered. In this cat with reported hypertension, this may be the underlying issue. Regardless, both atria are mild to moderately enlarged, indicating some risk for complication going forward.

HOSPITAL NAME

Pine Banks Animal
Hospital

REFERRING VET

Dr. Syed

Of great concern, there is scant to small volume pericardial effusion which is most consistent with a cardiogenic origin. That being said, with this degree of atrial dilation and systemic illness, other possibilities should be considered particularly if the effusion increases in volume. What is of great concern in this case is concurrent kidney disease is reported and instituting Lasix may lead to worsening azotemia. Given the complexity of the findings including concurrent systemic illness, systemic hypertension and findings seen here, I would not necessarily institute Lasix at this time. Plavix and Pimobendan are certainly warranted for cardiac support and to help decrease the risk for a blood clot event.

INVOICE

28171

DATE

1/8/23



PATIENT
 Mello Banks

If any respiratory signs develop in the future, Lasix must be initiated or euthanasia elected. If quality of life suffers at any time, euthanasia should be considered in this senior cat.

SPECIES
 Feline

Even if we are able to stabilize the situation, the prognosis is grave with the goal of improving quality of life for a matter of weeks. Patient will always be at high risk for recurrent episodes of CHF, development of blood clots, malignant arrhythmias and/or sudden death in the future.

BREED
 DSH

RECOMMENDATIONS

- Do not utilize Furosemide unless patient becomes tachypneic in the future. In that event, euthanasia should be considered due to concurrent CKD.
- Institute Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).
- Institute Pimobendan 1.25mg PO q12h.
- Consider hospitalization, Lasix or euthanasia if azotemia worsens and/or the quality of life suffers.
- Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.
- Avoid anesthesia, steroids and/or fluid therapy unless absolutely necessary in the future.

SEX
 Male Neutered

AGE
 16 years

WEIGHT
 15lbs

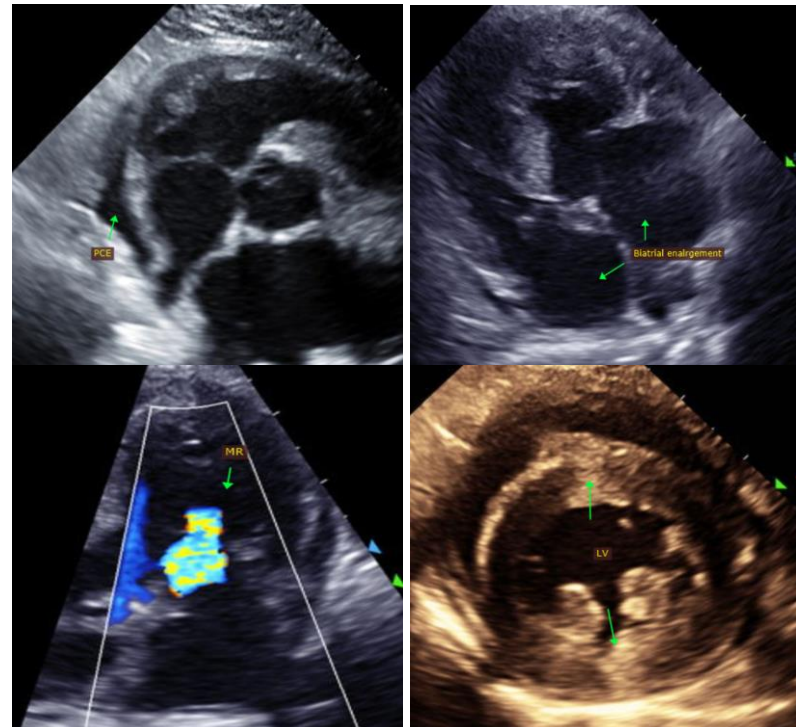
PLAN

- If the patient does well in the interim, a recheck echocardiogram is recommended in 6 months.

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

IMAGES



IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

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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.

SPECIES

Feline

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.

BREED

DSH

Maggie Machen Lamy, DVM
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SEX

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