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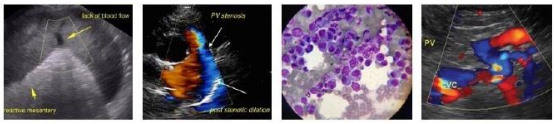

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT
Mr. Tabs Davidson

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
13 years

WEIGHT
16.5lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Kelly Reschny, RVT

HOSPITAL NAME
Burlington Cat Hospital

REFERRING VET
Dr. O'Connor

INVOICE
21314

DATE
10/1/21

PRESENTING CLINICAL SIGNS

History: Dyspnea, cardiomegaly.
Abnormal lab work: WNL.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately hypertrophied with extensive remodeling of the endocardium. Regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. Adequate systolic function. There is papillary muscle hypertrophy and remodeling. The left atrium is moderately enlarged. No evidence of intraatrial smoke. The right atrium is normal. The right ventricle appears normal. The mitral valve is normal, with normal mobility. No evidence of systolic anterior motion. There is no obvious mitral regurgitation present. There is mild tricuspid regurgitation. Blood flow through the LVOT and RVOT is normal in velocity. Scant pericardial effusion. No obvious cardiac masses.

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	7.5	150	0.72	1.79	0.78	47	82
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	1.8	1.8	1.8		1.2	0.72	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 as contributing factors. Regardless, the degree of disease is significant with moderate left atrial enlargement. This indicating high risk for spontaneous CHF and/or blood clot events. Additionally, there is scant pericardial effusion noted which is most likely cardiogenic in origin and is supportive of congestion. **Immediate full lifelong cardiac supportive medications are recommended as below**. If patient appears unstable, consider a dose of injectable Lasix (2mg/kg) +/- recommend referral for overnight supportive care/oxygen therapy.

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. Avoid steroids and fluid therapy unless absolutely necessary in the future.

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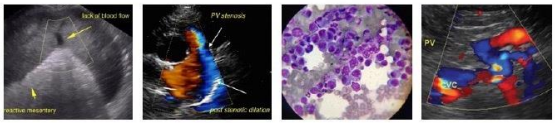

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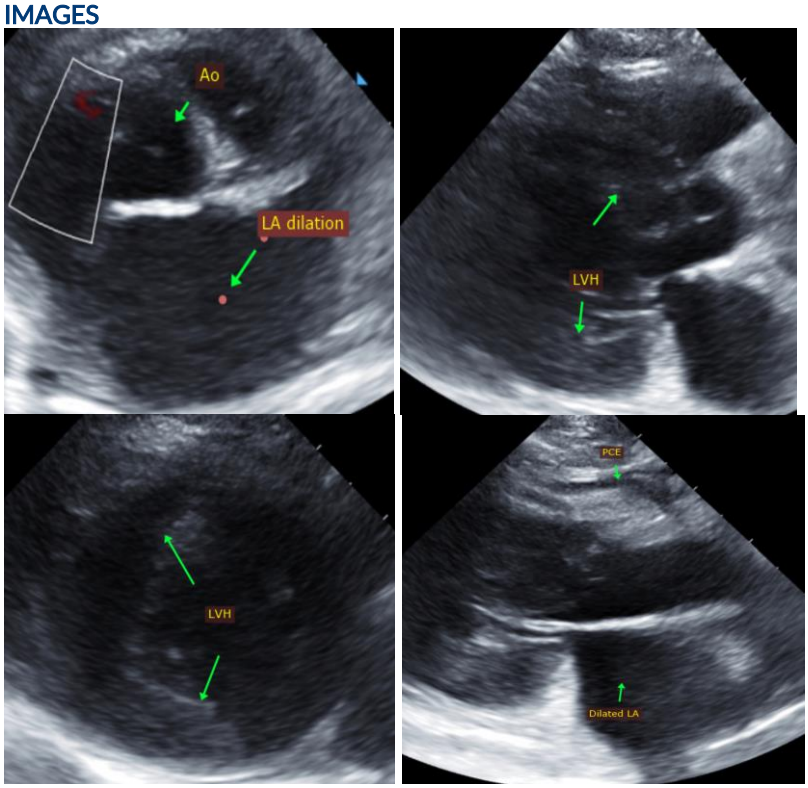
PLAN

Consider injectable Lasix dose/hospitalization if indicated. Increase diuretic Lasix 1-2mg/kg PO q12h. Institute Pimobendan 1.25mg PO q12h. If able, institute blood thinner 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. If doing well at that time and BP >130mmHg, institute vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO BID. Monitor BP and renal values every 3-4 months lifelong.

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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