


PATIENT

Felix Ruhl

PRESENTING CLINICAL SIGNS

History: LF lameness with limb cool to touch compared to right limb. Concern for circulatory issue/thrombus. No heart murmur,

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension without significant hypertrophy. Moderate LV dysfunction. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. Remodeled mildly papillary muscles. The left atrium is moderate to severely dilated and bulbous in appearance. No obvious spontaneous contrast; however, a small tethered hyperechoic lesion is noted within the left auricle. The right atrium is normal. No TR. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. Blood flow through the RVOT and LVOT are normal in velocity. No PI or AI. No effusions or obvious cardiac tumors identified.

BREED

DSH

SEX

Male Neutered

AGE

3 years

CARDIAC CHART
WEIGHT

13.2lbs

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	6.0	NM	0.58	1.66	0.55	30	52
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	NM	1.9	1.8		0.9	0.76	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.

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

 Sarah Barthelemy,
 DVM

HOSPITAL NAME

 Crowchild Trail
 Veterinary Clinic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of left atrial enlargement in the face of normal LV wall thickness and LV dysfunction is most consistent with Unclassified/Restrictive Cardiomyopathy; however, burnout HCM can also have this appearance. Serial echocardiography will be necessary to determine progression; however, this degree of atrial dilation is highly concerning for development of clinical signs going forward. No additional issues are identified.

REFERRING VET

Dr. Rondot

These findings support a cardiogenic thrombus as the likely cause of forelimb paresis. This is further supported by a small hyperechoic lesion within the left auricle, which is most consistent with a thrombus. Use of Plavix is certainly indicated if able to be medicated. Additionally, Pimobendan (off label use) is reasonable as well with an ACEI if blood pressure is >130mmHg. No respiratory signs are noted, and CHF is considered unlikely at this time; however, if this changes in the future institution of Lasix is certainly warranted.

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DATE

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Unfortunately, with this degree of atrial dilation and development of a thrombus prognosis is guarded to poor long term. Patient will always be at risk for progression to CHF, development of further blood clot events and/or sudden death in the future. This unfortunately persists despite medications.

SPECIES

Feline

Elective anesthesia is not advised.

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Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change).

SEX

Male Neutered

PLAN

Recommend institution of medications as follows: Institute Plavix 18.75mg PO q24h (NOTE: Medication is bitter along the cut edge; coat in entirety). Institute Pimobendan 1.25mg PO q12h. Baseline BP; if >130mmHg and able to medicate institute ACEI 0.5mg/kg PO q12h. If any respiratory signs develop, institute Lasix 1-2mg/kg PO q12h.

AGE

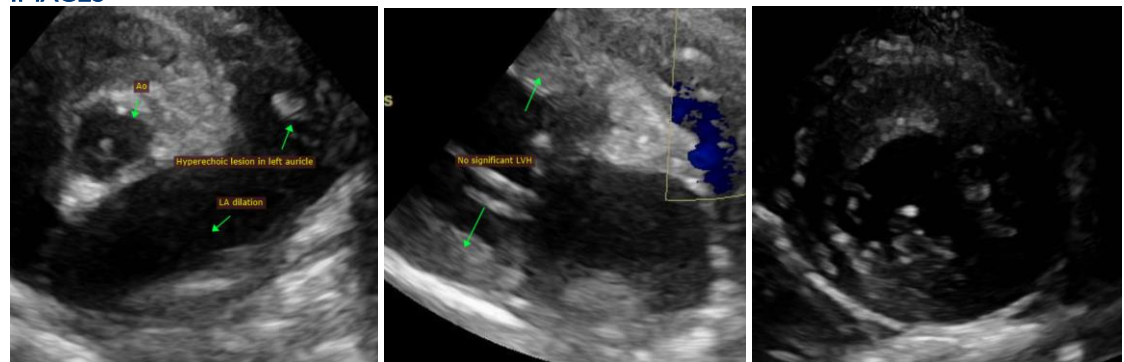
3 years

A recheck echocardiogram is recommended in 6 months to screen for progressive atrial dilation.

WEIGHT

13.2lbs

IMAGES



INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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.

IMAGING PERFORMED BY

Sarah Barthelemy,
DVM

HOSPITAL NAME

Crowchild Trail
Veterinary 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. Rondot

Maggie Machen Lamy, DVM
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