


PATIENT

Galen Cotton

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

8 years

WEIGHT

18.3lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Romero, DVM

HOSPITAL NAME

 FC Veterinary
 Emergency Hospital

REFERRING VET

Dr. Hoke

INVOICE

26919

DATE

10/16/22

PRESENTING CLINICAL SIGNS

History: Was seen at the ER for intermittent lameness on the right forelimb. Was given an Onsiar injection and sent home. He began coughing at home. Owner gave some laxatone thinking it was a hairball, but symptoms got worse (cough more wet, but non-productive). On presentation was open mouthed breathing with raspy respiratory sounds. No history of asthma. Owner has been treating suspected hairballs for some time, but in retrospect wonders if the hacking she has been hearing wasn't coughing. No history of weight loss or diarrhea. Crackles heard bilaterally. No murmur. Increased body condition score. Blood pressure: 134mmHg.

-Abnormal PE/Chem/CBC/UA Results: BUN 33, Creat WNL, ALT 206. T4: Normal.

-Radiographs reviewed by radiology: Suspect cardiomegaly, mild to moderate interstitial to alveolar lung pattern with a more ventral distribution. Suspect cardiogenic pulmonary edema.

-Current medications: Was initially given O2, butorphanol and furosemide. After echo, we have added Plavix 18.5mg daily and Pimobendan 1.25mg BID.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with mild to moderate hypertrophy and remodeling of the endocardium. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is papillary muscle hypertrophy and remodeling. The left atrium is severely enlarged. No evidence of intraatrial thrombus. The right atrium is normal. The right ventricle appears normal. The mitral valve is normal, with normal mobility. No evidence of systolic anterior motion. No mitral regurgitation present. No tricuspid regurgitation. Blood flow through both the LVOT and RVOT are normal in velocity. Scant pericardial effusion is suspected in some views; however, intrapericardial fat cannot be ruled out. No obvious pleural effusion. No obvious cardiac masses.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	8.3	NM	0.65	1.43	0.79	54	88
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	1.9	2.0	1.75	0.7	0.9	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 have been ruled out in this case, suggesting primary disease. The left atrium is severely enlarged, indicating high risk for spontaneous CHF and/or blood clot events. Finally, scant pericardial effusion is suspected in some views; however, given



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the patient's body condition, pericardial fat cannot be ruled out. No additional issues are identified.

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These findings support the previous diagnosis of CHF and a likely forelimb thrombus. Continued full lifelong cardiac supportive medications are recommended as below. It is important to note that even on medications recurrent cardiogenic thrombi remain a possibility and should this occur, a grave prognosis is predicted.

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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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Screening BP/T4 every 6 months. Administer diuretic Lasix 1-2mg/kg PO q12. Administer blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges; coat in entirety or administer in a gel cap). Administer Pimobendan (off label use) 1.25mg PO q12h.

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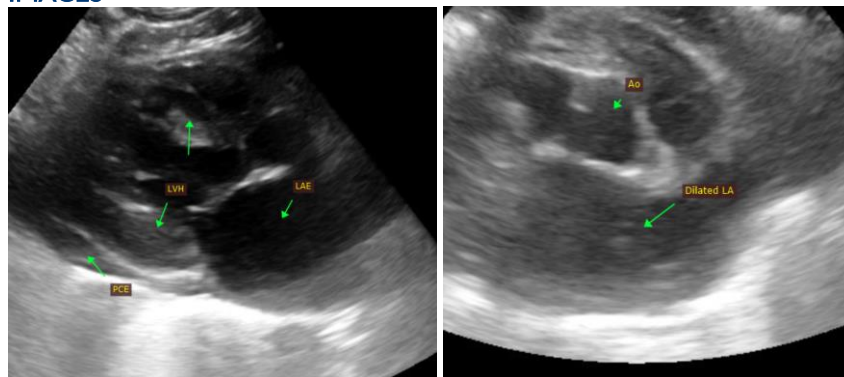
Monitor renal values and BP every 3-4 months lifelong.

A recheck echocardiogram is recommended in 6 months to assess progression.

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IMAGES



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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.

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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.

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