



**PATIENT**

Rex Schnurstein

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

4 years

**WEIGHT**

11.1lbs

**INTERPRETED BY**

Maggie Machen  
 Lamy, DVM, DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Countryside Animal  
 Clinic

**REFERRING VET**

Dr. Cox

**INVOICE**

26948

**DATE**

10/17/22

**PRESENTING CLINICAL SIGNS**

History: Weight loss. Increased respiratory effort and rate. Sedated with Torb.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled. Adequate systolic function. The left atrium is severely dilated and bulbous in appearance. No obvious spontaneous contrast (smoke) seen. The right atrium is normal. The right ventricle appears largely normal. The mitral valve is normal in structure and mobility. Mild central MR. Blood flow through both the LVOT and RVOT is normal in velocity. Scant pericardial effusion seen. No pleural effusion seen. No obvious cardiac tumors.

**CARDIAC CHART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 <small>(mean 1.5)</small>	3.5-0.55	35-67	80-100
PATIENT	5.0	NM	0.67	1.3	0.67	50	94
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		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	2.5	2.3		0.7	0.7	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 LA dilation in the face of only mild LV wall hypertrophy is most consistent with Unclassified Cardiomyopathy (UCM); however, atypical or end-stage HCM is also possible. Regardless of categorical classification, the degree of disease is severe with severe LA dilation. No obvious additional issues are identified.

Most concerning is the finding of scant pericardial effusion, which given the degree of disease is likely secondary to congestive failure. Lifelong medications are warranted as below including diuretic therapy, Plavix and off-label use of Pimobendan.

The mean survival time for cats once CHF develops is 8-12 months, however most are able to maintain a good quality of life on medications. There will always remain risk for recurrent CHF, development of blood clots, and/or malignant arrhythmias/sudden death in the future.

Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent/impendent CHF at home.



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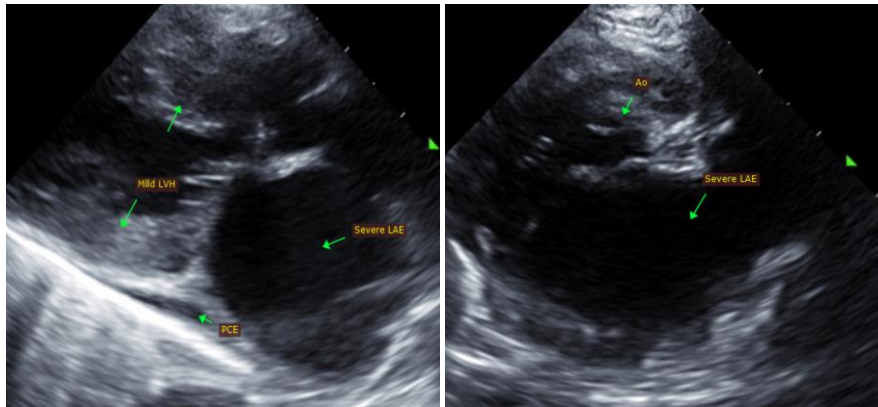
**PLAN**

Institute diuretic Lasix 1mg/kg 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). Institute Pimobendan 1.25mg PO BID. \*Note: If patient is difficult to medicate, Lasix and Plavix would be most important.

Recheck renal values and BP in 10-14 days to ensure tolerance of medications. If normotensive and eating well, consider addition of an ACEI at that time (if any question, do not utilize).

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

**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.

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.

**IMAGING PERFORMED BY**

Sara Hansen

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