



PATIENT

Tigger Popham

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

15 years

WEIGHT

7.3lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Andrea Nicastro

HOSPITAL NAME

Flowertown Animal
Hospital

REFERRING VET

Dr. Nawa

INVOICE

26946

DATE

10/17/22

PRESENTING CLINICAL SIGNS

History: Patient presenting for acute onset of vomiting two weeks ago. Patient has not had an emesis episode in a week. Patient has a history of hyperthyroidism. PE Findings: hyperthyroid (chronic), acute hypoxemia, acute weight loss, dehydrated, acute intermittent vomiting, chronic white corneal opacity. Previous ulceration, heart murmur - new as of 10/17/22. 5mg of Methimazole BID, L-Lysine supplement BID.

-Abnormal PE/Chem/CBC/UA Results: CBC, Chem 17, Electrolytes, and T4 ran in hospital on 10/17/22. Anemia - RBC 4.49, HCT 16.7%, HGB 5.4 lymphopenia 0.66, hypokalemia 3.2, t4 2.4. *Cardiomegaly noted during AUS and echocardiogram suggested.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Severe left ventricular dilation with diminished systolic function. The LV wall thickness is normal to decreased globally. Severe left atrial enlargement with evidence smoke seen. The mitral valve appears normal in form and function, with no obvious prolapse into the left atrial lumen. Trace central mitral regurgitation. The tricuspid valve appears normal in form and function. Moderate right atrial dilation. Mild tricuspid regurgitation. Normal TR velocity. The aortic valve is normal in morphology and mobility. Normal LVOT and RVOT velocities. No aortic and trace pulmonic insufficiency. No pericardial or pleural effusion noted. 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 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.3	NM	0.40	1.9	0.43	24	40
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 <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	NM	2.2	2.2	1.0	0.6	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

Unfortunately, this patient has end-stage cardiomyopathy and biventricular systolic dysfunction. This is causing dilation and overload of all 4 chambers, resulting in insufficiency of the AV valves. The degree of dilation and pump failure puts the patient at exceedingly high risk for decompensation, even with no reported respiratory/cardiac symptoms. No additional issues are identified.

In cats, systolic failure can be primary in nature (DCM); however, this is relatively uncommon. An advanced form of restrictive cardiomyopathy (RCM) with development of systolic dysfunction is also possible. Finally, systolic failure can develop secondary to taurine deficiency, myocarditis, or infiltrative disease such as lymphoma. Taurine deficiency is highly uncommon in cats on commercially prepared cat foods; however, can consider taurine supplementation in case of an



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absorption issue. This patient has a history of hyperthyroidism, which may or may not be related depending on adequacy of control.

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Ideally, full cardiac support is recommended as below, even without clinical signs at home. That being said, this patient recently had significant systemic illness and has marked anemia. The decision to medicate must be taken from a total body perspective. If a diuretic would be contraindicated, reasonable to withhold use. Plavix would be ideal, in addition to Pimobendan if able to be administered and the patient is feeling well at home.

BREED

DSH

Prognosis is poor at this stage in the disease process, with an average survival time of <6-12 months. Most cats are able to maintain a good QOL for some time however on oral medication. High risk for recurrent CHF, development of blood clot events and/or malignant arrhythmias/sudden death at home should be discussed.

SEX

Male Neutered

Monitor for development of labored breathing, limb paralysis/neurologic changes and/or collapse episodes in the future. Periodic Thoracocentesis will be necessary going forward. Monitoring of sleeping breathing rates at home is recommended to assess response to medications and recurrence of CHF in the future.

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PLAN

If able, institute anti-coagulant Plavix/Clopidogrel 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 heart muscle support Pimobendan 1.25mg by mouth every 12 hours (off label use). Consider supplement taurine 500mg daily if able. Reasonable to hold on Lasix given systemic illness.

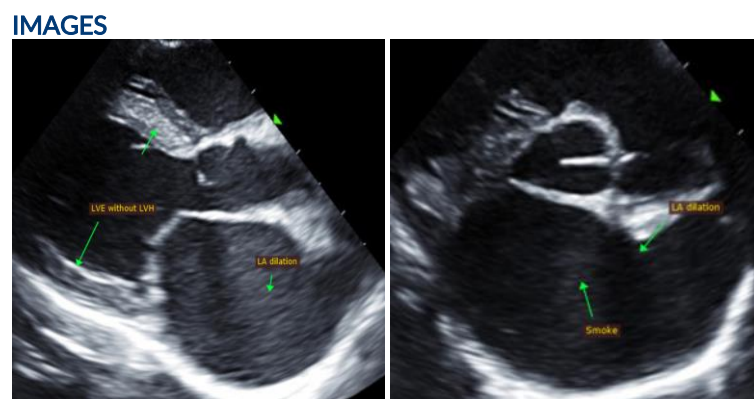
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Recheck echocardiogram in 6 months to reassess cardiac function.

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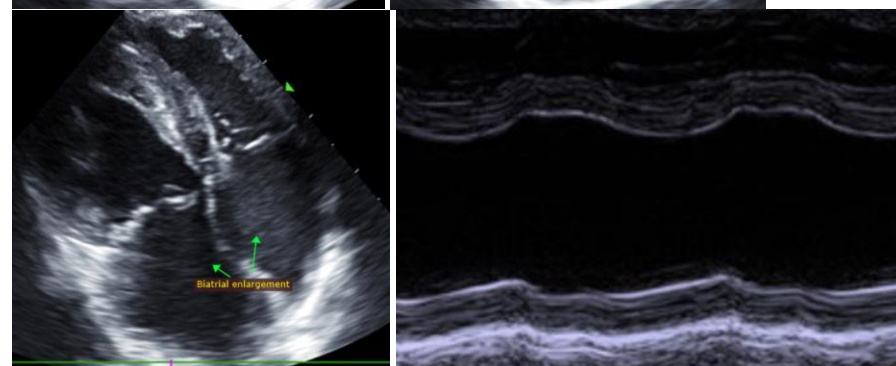
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com