



PATIENT

Priscilla Sammies
Friends

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

11 years

WEIGHT

6.3lbs; 2.9kgs

PRESENTING CLINICAL SIGNS

History: Recheck echo. Recently experiencing anorexia and weight loss. Has always had tremors and ataxia, hyperthyroidism and chronic renal disease. Bradycardia.

-Current medications: On SC fluids 75 cc SC SID, benazepril 5mg 1/4TSID, methimazole 1/2TBID, Cerenia and mirtazapine.

-Abnormal PE/Chem/CBC/UA Results: Recent BW for 10/12/22: BUN 43, WBC 16,700 with PMNs and HCT 24% with marginal increase eosinophils, positive renal tech, no urine. Abdominal fluid analysis: Fluid is a transudate with low cellularity noted; rare non-degenerative neutrophils, lymphocytes, reactive macrophage/mesothelial cells with scant RBCs.

-Radiographs: No evidence of significant cardiovascular disease. Mild chronic bronchitis suspected.

-Pertinent previous echo findings (7/2022 MML): No LVH, chronic bradycardia, no LAE.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with overall borderline hypertrophy. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. Mild papillary muscle hypertrophy. The left atrium is mild to moderately dilated. No obvious spontaneous contrast. The right atrium is mildly dilated. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. Mild TR. Velocity consistent with borderline pulmonary hypertension. Blood flow through both the LVOT and RVOT are normal in velocity on Doppler. Small volume pericardial effusion. Significant pleural effusion seen. No obvious cardiac tumors identified. Bradycardia noted throughout.

CARDIAC CHART

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia St-Jacques,
LVT/RVT

HOSPITAL NAME

Brighton Greens
Veterinary Hospital

REFERRING VET

Dr. Janeway

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| 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 | 2.9 | NM | 0.57 | 1.4 | 0.53 | 59 | 90 |
| 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 | 1.7 | 1.66 | 1.7 | 1.0 | NM | |
| <p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p> | | | | | | | |

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Borderline LV hypertrophy has developed, which was not seen on the prior study. This may suggest early hypertrophic disease or may simply be secondary to volume depletion. Of greater concern, there is mild to moderate biatrial enlargement identified. This may suggest risk for complication going forward. Finally, tricavitary effusion has been diagnosed, which is of great clinical concern. No additional issues are identified.



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At this time there is certainly concern that the development of tricavitary effusion may be cardiogenic in origin. Given that the patient had no disease on the prior study, this likely reflects significant progression secondary to the bradycardia and further ECG evaluation is strongly recommended. If the heart rate is not addressed, the patient may continue to decompensate. Cardiac supportive medications are warranted as below, with fluid removal as needed. No clinical signs are noted currently, such as tachypnea; however, this could develop at any time. It is worth noting this patient also has CKD and certainly there may be difficulties balancing the two disease processes. Should the patient's quality of life suffer, euthanasia should be elected. Prognosis is guarded to poor long-term

Elective anesthesia is not advised.

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

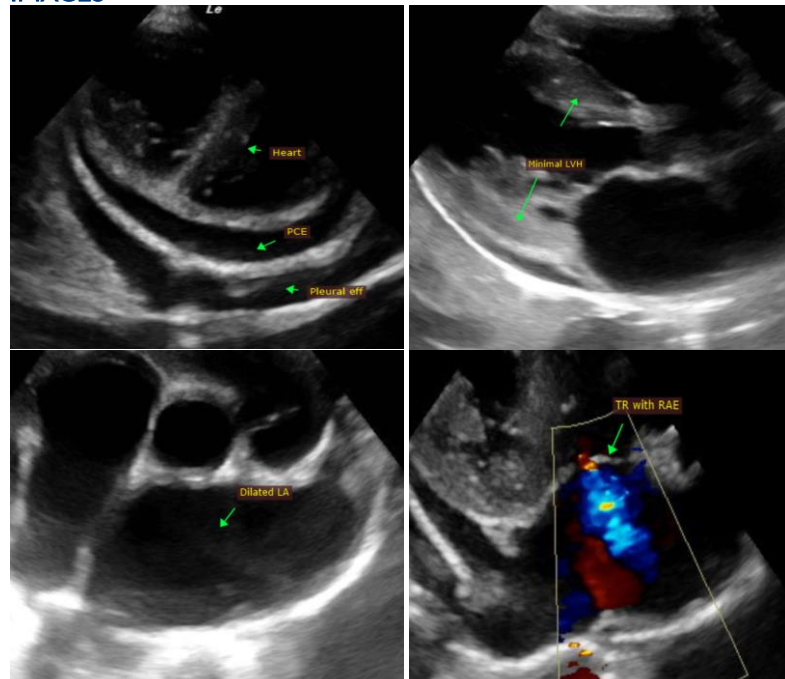
PLAN

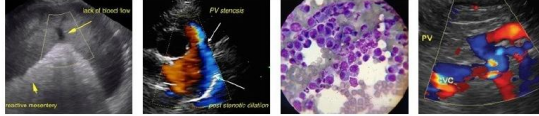
Baseline BP and T4 if not recently assessed. Institute Lasix 1mg/kg PO q12h, Institute Pimobendan 1.25mg PO q12h. Institute Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety). Do not utilize Spironolactone or an ACE-I in this patient. Fluid removal as needed for comfort/breathing stability.

Renal values in 1-2 weeks then every 3-4 months lifelong.

A recheck echocardiogram is recommended in 6 months to screen for any evidence of progression, sooner if clinical issues arise.

IMAGES





Portable Animal Western Sonography, Inc.

IMAGING PERFORMED BY

pawsonography@gmail.com  530-786-8340

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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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Maggie Machen Lamy, DVM
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info@sonopath.com

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