

PATIENT

Duma Coale

SPECIES

Feline

BREED

Bengal

SEX

Male Neutered

AGE

12 years

WEIGHT

9.19lbs

PRESENTING CLINICAL SIGNS

History: History of chronic loose stool/diarrhea- on vitamin B12 injections, SQ fluids, Tylosin and Metronidazole. Hx of elevated TLI, so on pancreatic supplement. Recent history of bloated abdomen a few days ago, started on Cerenia and Gabapentin. Convenia injection given 1 week ago for Upper respiratory infection and then doxycycline was started a few days ago since there was minimal improvement. 8/30/21 Ronidazole course for possible tritrichomonas. Low grade heart murmur 1/6 -Pertinent abnormal PE/Chem/CBC/UA Results: Radiographs of abdomen on 10/17/21 nsf, 10/17/21 CBC/Chem mild elevation ALT 173.
 -Current medications: Cerenia and Gabapentin. Convenia injection given 1 week ago for Upper respiratory infection and then Doxycycline was started a few days ago since there was minimal improvement. 8/30/21 Ronidazole course for possible tritrichomonas.
 -Sedation used: Gabapentin 200 mg given night before and prior to scan.
 -STAT: Not requested.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only. Significant cardiomegaly. Concern for impending CHF.

ECHOCARDIOGRAM FINDINGS

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

CARDIAC CHART

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Banfield Pet Hospital of Westminster

REFERRING VET

Dr. Carroll

INVOICE

21628

DATE

10/20/21

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	4.2	166	0.43	1.5	0.51	50	92
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	2.5	2.1	1.0	0.94	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 biatrial enlargement in the face of normal LV wall thickness is most consistent with Unclassified Cardiomyopathy (UCM), however some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. There is normal wall thickness, ruling out typical hypertrophic disease. The right heart also appears affected, with moderate RA dilation. Echocardiography will be helpful to confirm the diagnosis and assess for progression.

The radiographs and scant pericardial effusion are highly concerning for early congestive failure. Immediate lifelong medications are warranted as below including diuretic therapy 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/impending CHF at home.

PLAN

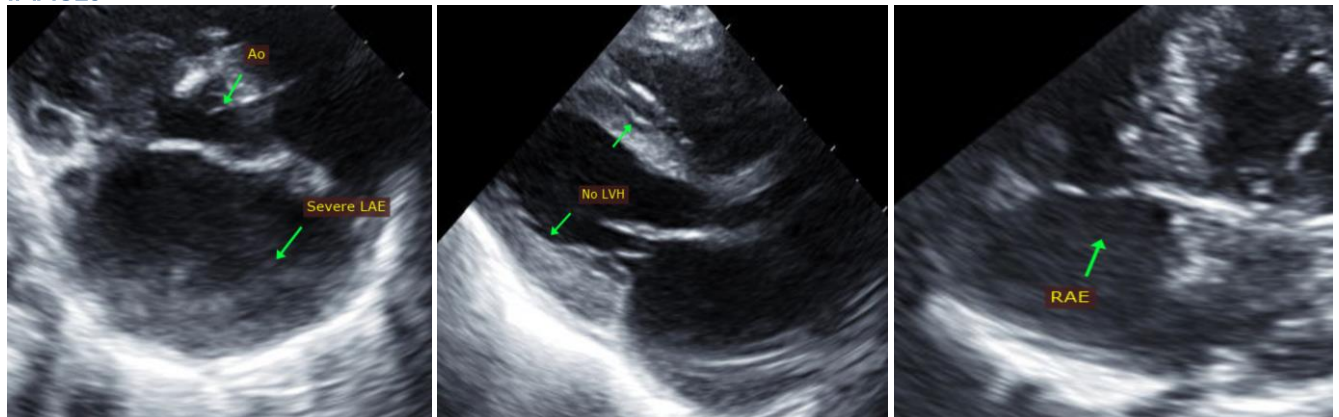
Baseline BP is recommended. Institute diuretic Lasix 1-2mg/kg PO q12h. If able, institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Pending BP >130mmHg, institute vasodilator ACE-I (benazepril or enalapril) 2.5mg PO BID. Institute Pimobendan 1.25mg PO BID.

*Note: If patient is difficult to medicate, Lasix and Plavix would be most important.

Recheck renal values in 10-14 days to ensure tolerance of medications, then every 3-4 months lifelong.

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

IMAGES



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. 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