



PATIENT

Toby Lefebre

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

13 years

WEIGHT

12.7lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Compassionate Care
Veterinary Clinic

REFERRING VET

Dr. Farrington

INVOICE

21682

DATE

10/22/21

PRESENTING CLINICAL SIGNS

History: Presented to us with a 3 months long history of decreased appetite and weight loss. During exam patient has generalized loss of muscle tone, a pronounced gallop rhythm tachycardia. In the process of trying to obtain a blood sample for diagnostics the patient became acutely dyspneic, though remained pink and radiographs showed a pronounced hilar edema and enlarged cardiac silhouette. Patient was started on enalapril and Lasix and later Felimazole after blood work revealed an elevated thyroid. Patient is eating more active now. -Current medication: Enalapril 2.5mg 1/2 po BID; Felimazole 2.5mg SID; Furosemide 10mg BID. Sedated with torb/midaz.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are asymmetric, with a normal IVS and mild free wall thickening. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and hyperechoic.

Left atrium: The left atrium is severely dilated. No obvious spontaneous contrast or thrombi seen.

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. Mild central MR.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: The right atrium is moderately dilated.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: Scant pericardial effusion. No pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 230bpm.

2-Dimensional Measurements

Ao diam (cm)	0.86
LA diam (cm)	2.2
LA:Ao (Swe)	2.5
IVS thickness (cm)	0.48
LVID diastole (cm)	1.4
PW thickness (cm)	0.68
LVID systole (cm)	0.62
FS (%)	55

Doppler Measurements

PV Vmax (m/s)	0.95
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	5.2
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The finding of biatrial dilation in the face of normal to only mildly increased LV wall thickness is most consistent with Unclassified Cardiomyopathy (UCM); however, tachycardia-induced cardiomyopathy is suspected given the history. The mismatch between LVH (mild/asymmetric) and LA dilation (severe) would suggest typical hypertrophic disease is unlikely. The right heart also appears affected with moderate RA dilation. No additional issues are identified.



PATIENT
 Toby Lefebre

The patient is also reportedly hyperthyroid, and the resultant tachycardia is likely the cause of decompensation and effusion. Continued full cardiac support is recommended as below with hospitalization if needed to stabilize the situation. Going forward, once the T4 is controlled, potentially we may be able to wean some of the medications depending on improvement in atrial dilation. Controlling the thyroid ASAP will hopefully improve the heart rate and prevent development of thyrotoxic cardiomyopathy. If the heart rate does not improve significantly once the thyroid and CHF are deemed resolved, Atenolol can be considered to bridge the gap.

SPECIES
 Feline

BREED
 DSH

Going forward, there will likely remain risk for recurrent CHF, development of additional blood clots, and/or malignant arrhythmias/sudden death in the future. Prognosis is guarded prior to assessing response to stabilization.

SEX
 Male Neutered

Monitor at home for any progressive labored breathing and/or signs of clot recurrence (limb paralysis, neurologic changes, etc.).

AGE
 13 years

RECOMMENDATIONS

- Continue Lasix 1-2mg/kg PO q12h.
- Pending BP >130mmHg, continue ACEI 0.5mg/kg PO q12h. If hypotensive, discontinue.
- Institute Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety).
- Institute Pimobendan 1.25mg PO q12h. Institute
- Institute thyroid medication ASAP.
- Recheck renal values, HR and BP in 10-14 days, then every 3-4 months lifelong. Target BP is <160mmHg in hospital. If HR is persistently elevated (>220bpm in hospital), consider low dose atenolol until the thyroid is controlled. Wean as able.
- Elective anesthesia is NOT advised prior to assessing response to medications.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).
- Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent/impending CHF at home.

WEIGHT
 12.7lbs

INTERPRETED BY
 Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

PLAN

- Recommend recheck echocardiogram in 6 months to reestablish a baseline and assess response to medications.

IMAGING PERFORMED BY
 Pamela Harrigan,
 RDCS

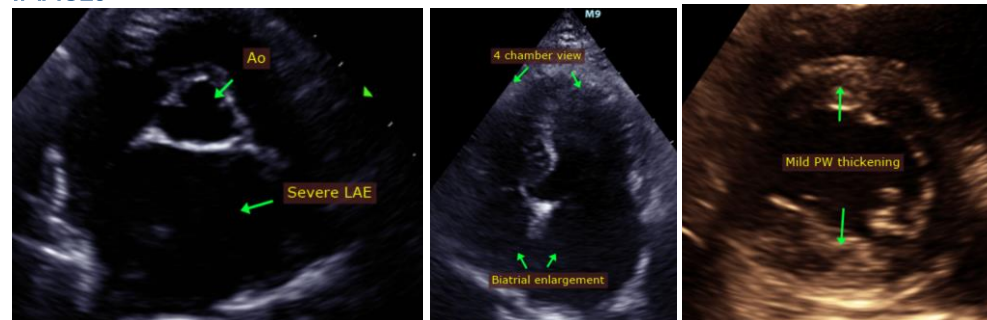
HOSPITAL NAME
 Compassionate Care
 Veterinary Clinic

REFERRING VET
 Dr. Farrington

INVOICE
 21682

DATE
 10/22/21

IMAGES





PATIENT
Toby Lefebre
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.

SPECIES
Feline
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.

BREED
DSH
Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

SEX
Male Neutered

AGE
13 years

WEIGHT
12.7lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Compassionate Care
Veterinary Clinic

REFERRING VET
Dr. Farrington

INVOICE
21682

DATE
10/22/21