



PATIENT

Winston Johnson

SPECIES

Feline

BREED

Scottish Fold

SEX

Male Neutered

AGE

8 years

WEIGHT

7.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dave Stasiuk,
RDMS, RDCS

HOSPITAL NAME

Healthy Paws
Veterinary Hospital

REFERRING VET

Dr. Belan

INVOICE

21684

DATE

10/22/21

PRESENTING CLINICAL SIGNS

History: Cardiomegaly. Murmur.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with a borderline septum. The LV is normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis with diffuse significant remodeling. False tendons. The papillary muscles are remodeled and atrophied. Systolic function is decreased. The left atrium is severely dilated and bulbous in appearance. No smoke seen in the LA. Mild mitral regurgitation secondary to annular stretch. The right atrium is moderately dilated. The right ventricle is affected as well with diffuse remodeling. Mild tricuspid regurgitation; normal velocity (2.0m/s). Blood flow through both the LVOT and RVOT are both decreased in velocity. No pericardial or pleural effusion. No obvious cardiac tumors.

CARDIAC CHART

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	3.4		0.52	1.4	0.44	33	60
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	2.8	2.2	1.8		0.80	0.72	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 a highly remodeled LV without significant hypertrophy is most consistent with Restrictive Cardiomyopathy (RCM), however some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. There is also significant LV remodeling and fibrosis with a restrictive filling pattern which indicates severe diastolic dysfunction. This is in addition to significant systolic dysfunction as well. Regardless of categorical classification, the finding of this degree of atrial dilation is concerning for progression in the future and full cardiac supportive medications are recommended as below. I have included Lasix therapy given high risk for imminent complication.

Prognosis is guarded to poor long term even without reported symptoms. There will always be high risk for progression to CHF, malignant arrhythmias and/or development of blood clots/sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for progression to CHF at home.

Elective anesthesia, steroid or fluid use should be avoided in this patient.



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Plan: Screening BP. Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Administer Pimobendan (off label use) 1.25mg PO q12h. Institute Lasix 1mg/kg PO q12h. Once deemed normotensive and eating well at home, consider addition of vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO BID.

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

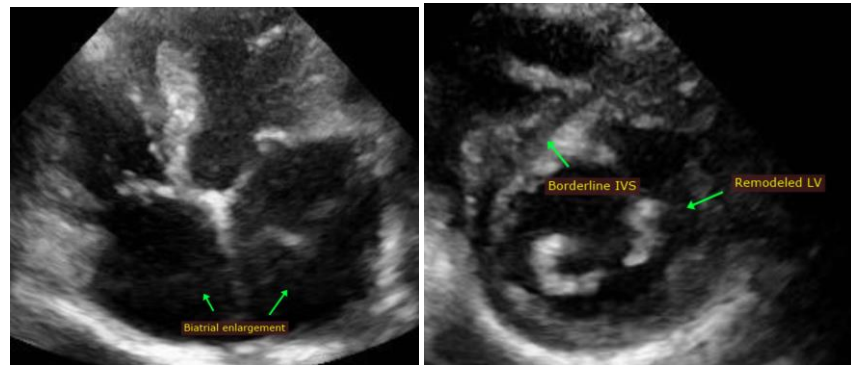
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

INTERPRETED BY

Maggie Machen Lamy,
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