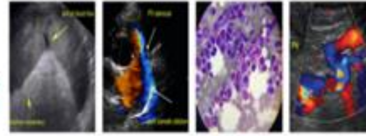
Mass Veterinary Services



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Lumpy Bakes

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
16 years

WEIGHT
11.8lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
27086

DATE
10/25/22

PRESENTING CLINICAL SIGNS

History: Lumpy has been seen for dyspnea on and off since mid-August. He was diagnosed with hyperthyroidism in February 2015 and had a thyroidectomy in April 2015. In February of 2018, Lumpy was hyperthyroid and started on methimazole. His most recent thyroid level in August was elevated at 13. He was started on prednisolone for dyspnea. He had an injection of depomedrol 10/20 and has been started on prednisolone orally. He is eating moderately well and remains active but is losing weight. On exam: pronounced gallop, no murmurs noted, PSS, lung fields clear, poorly compressible thorax. BP: 150mmHg x 4. Medications: 1) Methimazole/tapazole TD 2) Prednisolone 0.5mls daily

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 20mm/mV. The underlying rhythm is sinus in origin with an average heart rate of 188bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. Isolated APCs are suspected throughout. A single VPC is identified. No sustained arrythmias are appreciated.
ECG diagnosis: Normal sinus rhythm with isolated APCs and a single VPC.

ECHOCARDIOGRAM FINDINGS *Limited images included due to patient instability.

Left ventricle: The LV is mildly dilated with mildly depressed myocardial dysfunction. The LV wall thicknesses are normal. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly hyperechoic.
Left atrium: The left atrium and auricle are severely dilated. No obvious smoke. No obvious thrombi.
Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen.
Aortic valve/Aorta: The aortic valve is not assessed.
Right ventricle: Mildly dilated right ventricle.
Right atrium: The right atrium is moderate to severely dilated.
Tricuspid valve: The tricuspid valve appears normal.
Pulmonary valve/Pulmonary artery: The pulmonic valve is not assessed.
Pericardium/other: Scant pericardial effusion noted. Large volume pleural effusion. No obvious cardiac masses.

2-Dimensional Measurements

Measurement	Value
Ao diam (cm)	1.0
LA diam (cm)	2.0
LA:Ao (Swe)	2.0
IVS thickness (cm)	0.39
LVID diastole (cm)	2.1
PW thickness (cm)	0.5
LVID systole (cm)	1.2
FS (%)	43

Doppler Measurements

Measurement	Value
PV Vmax (m/s)	NM
AoV Vmax (m/s)	NM
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The finding of bi-atrial dilation with systolic dysfunction is most consistent with Restrictive/Unclassified Cardiomyopathy; however, some prior infectious or inflammatory insult to the myocardium cannot be ruled out. Regardless, the degree of disease is marked at this time, with massive bi-atrial dilation and active congestive heart failure (CHF) as evidenced by pleural effusion. This was likely a case of underlying severe yet silent

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cardiomyopathy that may have been pushed into CHF with steroid use; however, it is unknown if there was effusion at that time or not. **Regardless, further steroid use is certainly contraindicated going forward and should be avoided.**

If not performed an immediate thoracentesis should be considered to further stabilize the patient. Pending clinical response, consider hospitalization for 24-hour supportive care to ensure stability prior to discharge. Lifelong cardiac support and anti-coagulation is recommended as below, including off-label use of Pimobendan.

The ECG does show premature beats with both atrial and premature complexes identified. These are not surprising given this degree of atrial enlargement in the face of a crisis. No treatment is warranted at this time. Monitor for evidence of sustained arrythmias, such as acute lethargy or collapse and reassess as indicated.

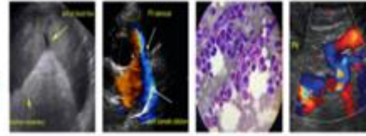
If able to be stabilized, there will always remain risk for recurrent CHF, development of additional blood clots, and/or malignant arrhythmias/sudden death in the future. Most cats are able to maintain a good QOL following diagnosis of CHF for an average of 8-12 months on medications.

RECOMMENDATIONS

- Pending clinical stability consider thoracentesis, referral for supportive care, etc.
- Administer injectable Lasix/oxygen therapy as needed until stabilized.
- Institute Lasix 1-2mg/kg PO q8h for 3 days, then decrease to q12h if doing well.
- Institute Pimobendan 0.625mg PO q12h (off label use).
- Institute Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety).
- Do not use an ACE-I in this patient.
- Do not use steroids in this patient.
- Elective anesthesia is not advised.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).
- Monitor sleeping breathing rate and effort at home as the best way to screen for recurrent congestion.

PLAN

- Recheck renal values and BP in 10-14 days, then every 3-4 months lifelong. If doing well and BP is >130mmHg, institute ACEI 0.5mg/kg PO q12h.
- Recommend recheck echocardiogram in 6 months to screen for progression, sooner if clinical signs arise.



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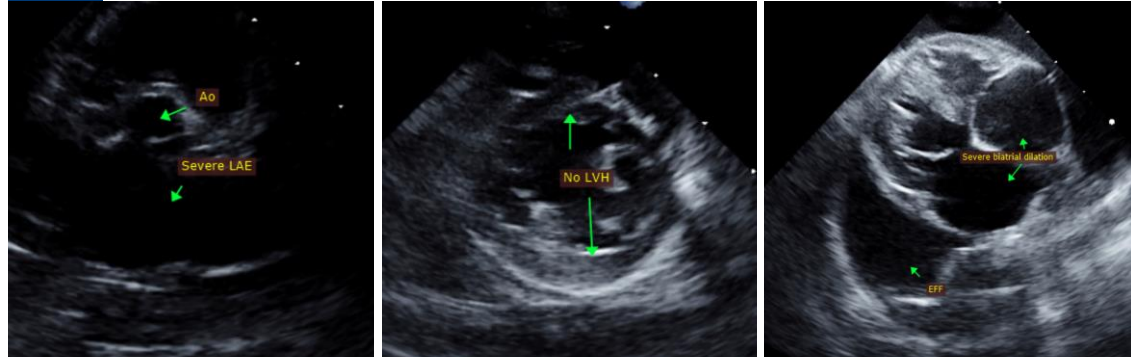
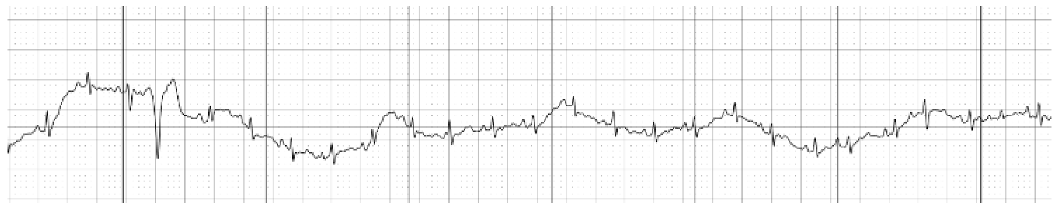
IMAGES





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. 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

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)