

PATIENT

Beezly Brown

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

12 years

WEIGHT

11lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland
 Animal Hospital

REFERRING VET

Dr. Bugarovich

PRESENTING CLINICAL SIGNS

History: (10/20/21): Arrhythmia (no murmur heard, EVH visit record no murmur heard either but noted slightly decreased lung sounds). Lungs: WNL. Tachycardic (scared/nervous). BCS 4/9 (weight loss of 1lb in less than 1 year).

-Blood Pressure: 151/114 (133)mmHg.

-Current medications (Emergency veterinarian started): Furosemide 12.5mg BID, clopidogrel 1/4 tab SID, cerenia 16mg SID.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
 Cardiomegaly. Concern for early CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderate to severely hypertrophied with extensive remodeling of the endocardium and regions of thinning. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is papillary muscle hypertrophy and remodeling. False tendon. The left atrium is severely enlarged. Evidence of intraatrial smoke. The right atrium is mildly dilated. The right ventricle appears affected as well, with diffuse mild hypertrophy. The mitral valve is normal, with normal mobility. No evidence of systolic anterior motion. There is mild central mitral regurgitation present. There is trace tricuspid regurgitation. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions seen. No obvious cardiac masses.

CARDIAC CHART

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	5.0	169	0.75	1.3	0.66	40	82
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	1.34	1.9	1.98	0.60	1.5	NM	
<p>*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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis for LV hypertrophy once a patient is confirmed euthyroid and normotensive. Given the degree of thickening with RV involvement however, primary disease is suspected. In this normotensive cat, hyperthyroidism should still be ruled out as a complicating factors. The left atrium is severely enlarged with evidence of spontaneous contrast, indicating high risk for spontaneous CHF and/or blood clot events. An arrhythmia is noted in the history, and a baseline ECG is strongly recommended.

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These findings support a cardiogenic in origin of prior clinical signs (CHF). Continued full lifelong cardiac supportive medications are recommended as below. The current Lasix dose is quite high, and a trial decrease is recommended.

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The mean survival time for cats with CHF is 8-12 months, however most cats are able to maintain a good quality of life on medications. Patient will always be at high risk for recurrent episodes of CHF and development of blood clots in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home. Avoid steroids and fluid therapy unless absolutely necessary in the future.

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Plan: Screening BP/T4 every 6 months. DOSE CHANGE: Administer diuretic Lasix 6.25mg PO q12. Continue blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges; coat in entirety or administer in a gel cap). Institute Pimobendan (off label use) 1.25mg PO q12h.

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Monitor renal values and BP every 3-4 months lifelong. If doing well and BP remains >130mmHg, consider addition of an ACEI 0.5mg/kg PO q12h.

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

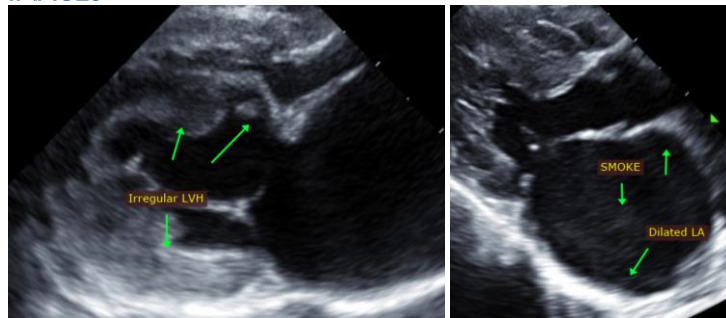
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IMAGES



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.

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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.

REFERRING VET

Dr. Bugarovich

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