


PATIENT PRESENTING CLINICAL SIGNS

Mickey Bajc History: Recheck echo. Distended under his ribcage and seems uncomfortable, gets bloated after he eats.
 -Pertinent previous echo findings (9/2021 MML): Borderline LVH, mild LAE, trace MR. IVS: 0.57, LVWd: 0.55, LA: 1.37.

SPECIES

Feline

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

BREED

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A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 188bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed.
 ECG diagnosis: Normal sinus rhythm.

SEX

Male Neutered

ECHOCARDIOGRAM FINDINGS
AGE

13 years

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension with mild LV dilation. The LV function is significantly depressed. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled. The left atrium is severely dilated and bulbous in appearance with no spontaneous contrast (smoke) seen. The right atrium is normal. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trace MR. Blood flow through both the LVOT and RVOT is normal in velocity. Small volume pericardial effusion seen. No pleural effusion seen. No obvious cardiac tumors.

WEIGHT

12.3lbs

CARDIAC CHART
INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

 Snelgrove Veterinary
 Services

REFERRING VET

Dr. McQueen

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	5.6	155	0.58	1.8	0.57	28	50
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	2.3	2.3	2.0		0.74	0.6	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.

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DATE

10/27/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, there is significant progression seen. Most striking is mild LA dilation is now severe and LV dilation and dysfunction have developed. The LV wall thickness remains borderline suggesting this likely reflects progressive unclassified disease. No additional issues are identified. The ECG is unremarkable with a normal sinus rhythm.



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Most concerning is the finding of small volume pericardial effusion, which given the degree of disease is likely secondary to early congestive failure. 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.

Elective anesthesia is not advised.

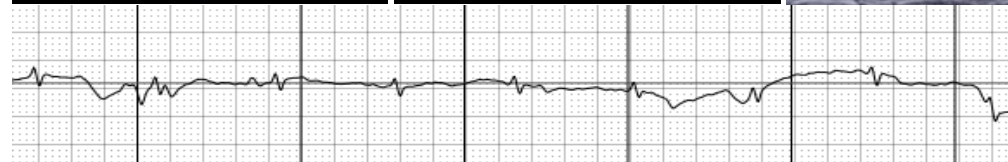
PLAN

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). Institute Pimobendan 1.25mg PO BID. *Note: If patient is difficult to medicate, Lasix and Plavix would be most important. Baseline BP and ECG are strongly recommended.

Recheck renal values and BP in 10-14 days to ensure tolerance of medications, then every 3-4 months lifelong. If normotensive and eating well, consider addition of an ACEI at that time (if any question or difficult to medicate, do not utilize).

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

IMAGES





PATIENT

Mickey Bajc

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

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