



PATIENT

Midnight Forsberg

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

10 years

WEIGHT

11lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jennifer Todd, DVM

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Todd

INVOICE

21759

DATE

10/28/21

PRESENTING CLINICAL SIGNS

History: Presented on 10/11/21 for evaluation of abnormal meow. On exam, Dr. Knouse ausculted a new grade I/VI heart murmur. Cardiac ProBNP was elevated at 267. CBC, Chemistry, T4 were all normal. Blood pressure today was 153/112, 144/103, 155/105mmHg.

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, 10mm/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 morphologies are positive. The QRS is inverted and low voltage. No ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension, with regions of remodeling. There is a mildly hyperechoic endocardium consistent with fibrosis. LVIDd is borderline increased with increased sphericity. The systolic function is severely decreased. The left atrium is normal. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. Blood flow through the LVOT and RVOT is decreased in velocity. No PI or AI. No effusions. No obvious cardiac tumors identified.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LWVd (cm) <small>(Moise, Pipers)</small>	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	NM	0.48	1.76	0.48	17	30
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	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	1.5	1.2	1.0	0.7	0.6	NM	
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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

The primary abnormality identified is LV dilation and significant systolic dysfunction. The categorical classification could be argued (early DCM v RCM/UCM) and serial monitoring will help clarify. Regardless, this is clearly concerning for early disease and careful follow up is advised. Given no LA dilation at this time, risk for imminent complication is low at this time. No additional issues are identified.



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Given a normal LA dimension and lack of clinical signs, medications are debatable. With systolic dysfunction this significant Pimobendan would be a reasonable option, and if the cat is easily medicated this could be considered. Additionally, an ACE-I may be of some theoretic long-term benefit and can also be considered. Discussion with the owner is advised.

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Prognosis is guarded long-term as patient will always be at risk for progression to CHF, development of blood clots, and/or sudden death in the future. A diet history is advised, with avoidance of BEG options. A taurine supplement can also be considered on the off chance of a malabsorption issue.

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Anesthetic risk is considered moderate, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

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Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change).

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PLAN

If elected, administer Pimobendan 1.25mg PO q12h. Taurine supplement 500mg PO q12h. Consider institution of an ACE-I 0.5mg/kg PO q12h. Consider diet history.

INTERPRETED BY

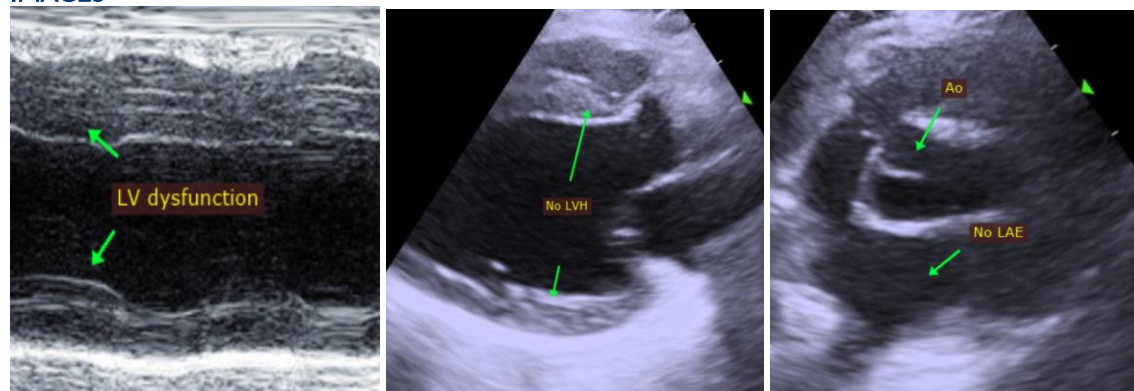
Maggie Machen Lamy,
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(Cardiology)

A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

IMAGING PERFORMED BY

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IMAGES



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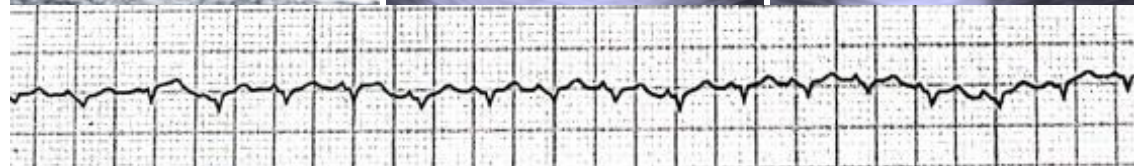
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

info@sonopath.com

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