

PATIENT

Wobbles Hart

SPECIES

Feline

BREED

DMH

SEX

Male Neutered

AGE

11 years

WEIGHT

12.94lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Hills Animal
Hospital

REFERRING VET

Dr. Yuko Eguchi-coe

INVOICE

21423

DATE

10/7/21

PRESENTING CLINICAL SIGNS

History: Arrhythmia. Radiographs: Cardiac enlargement.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
 Enlarged cardiac silhouette. No obvious evidence of CHF.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 180bpm (range 166-230bpm). No identifiable p waves. Irregularly irregular rhythm.
 ECG diagnosis: Atrial fibrillation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is decreased in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. False tendon. The papillary muscles are remodeled and atrophied. Systolic function is decreased. The left atrium is severely dilated and bulbous in appearance. Subtle smoke in the LA. Moderate central mitral regurgitation secondary to annular stretch. The right atrium is moderately dilated as well. The right ventricle is mildly dilated. Mild tricuspid regurgitation. Blood flow through both the LVOT and RVOT are low normal in velocity. No obvious pleural or pericardial effusion.

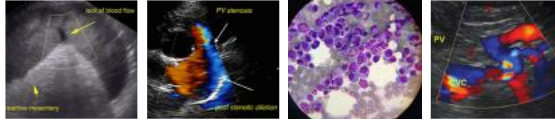
CARDIAC CHART

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	5.9	220	03	1.8	0.3y	28	58
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	2.4	2.5	2.2	0.9	0.78	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 severe biatrial enlargement and systolic dysfunction in the face of decreased LV wall thickness is most consistent with Restrictive Cardiomyopathy (RCM), however some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. MR and TR are considered secondary to annular stretch. There is also significant biventricular remodeling and fibrosis and evidence of diastolic dysfunction. Regardless of categorical classification, the finding of this degree of atrial dilation is consistent with severe cardiomyopathy, and even without clinical signs **full cardiac supportive medications are recommended as below.**



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The development of atrial fibrillation (AF) is secondary to atrial dilation and is concerning for more malignant arrhythmias and sudden death. That being said, most cats are asymptomatic with AF and do not require medications. At this point recommend cardiac support with simple monitoring of the HR/rhythm. Clinical signs that the heart rate may need to be treated include syncope or significant lethargy with HRs persistently >220bpm.

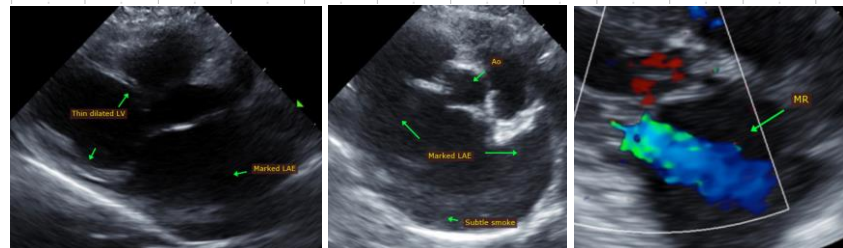
Prognosis is poor long term, with a high risk for progression to CHF, malignant arrhythmias and/or development of blood clots in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for progression to CHF at home.

Plan: 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 therapy 1-2mg/kg PO q12h.

Recheck renal values/BP in 10-14 days. If BP >130mmHg and patient is easily medicated/doing well at home, consider institution of an ACEI at this time 0.5mg/kg PO q12h.

A recheck echocardiogram and ECG is recommended in 4-6 months to assess for progression, sooner if any clinical signs arise in the interim.

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