


**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Peanut Walsh  
**SPECIES** Feline  
**BREED** DSH  
**SEX** Male Neutered  
**AGE** 16 years

**PRESENTING CLINICAL SIGNS**  
 History: History of HOCM, dx in 2021. Diagnosed with CHF 10/25/22 at OVC. A recheck of effusion status was recommended. Has been on Furosemide 20mg 1 tab 8am, 1/2 tab 3pm and 1 tab 10 pm (10mg/kg/day). Grade 3-4/6 systolic murmur. Pertinent previous echo findings (Idexx 10/25/22): severe LAE; 1.9cm, mod to severe LVH, trace MR, race TR, moderate pericardial effusion with tamponade, trace/mild pleural effusion. Recommended pericardiocentesis, CHF treatment including Lasix, Plavix +/- Pimobendan, ACEI

**BREED ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with mild free wall hypertrophy and an irregular sigmoid septum. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled. The left atrium is mildly dilated. The right atrium is normal. The right ventricle is normal. The mitral valve is normal with no MR. Blood flow through both the LVOT and RVOT is normal in velocity. No TR. Small volume pericardial effusion seen. No pleural effusion. No obvious cardiac tumors.

**CARDIAC CHART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (cm) (Moise, Pipers)	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
<b>PATIENT</b>	5.31	177	0.49	1.5	0.70	48	83
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)
<b>NORMAL</b>	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
<b>PATIENT</b>	NM	1.4	1.3		1.0	1.5	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.

**HOSPITAL NAME**

Upper Canada Animal Hospital

**REFERRING VET**

Dr. Rossi

**INVOICE**

27406

**DATE**

11/10/22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Compared to the prior study, findings show improvement. The LA is now only mildly dilated, and the pericardial effusion is mildly improved (ie no tamponade seen). The PW measurements are less significant than previous, likely due to some difference in volume status. No additional issues are identified.

The finding of persistent effusion despite toxic Lasix dosing is concerning, as 10mg/kg/day of Lasix cannot be continued safely. Recommend full cardiac support including addition of spironolactone, Plavix and Pimobendan, in hopes of further stabilizing the situation and ideally allowing for a Lasix decrease. If the patient is doing well at home despite this, no additional changes are warranted; however, if any decline in the future a diagnostic tap may need to be pursued.



**PATIENT**

Peanut Walsh

Going forward, patient will always remain risk for recurrent CHF and/or development of blood clots in the future. Monitoring of sleeping respiratory rates (SRRs) at home is recommended as the best way to screen for recurrent CHF at home. High risk for fluid overload if utilized in the future, and cautious up-titration with SRR monitoring is advised.

**SPECIES**

Feline

**PLAN**

DOSE DEC: Administer Lasix 10mg PO q8h. Institute Pimobendan 1.25mg PO q12h. Institute Plavix 1/4 of a 75mg tab PO q24h. If able, institute spironolactone 6.25mg PO q12h.

**BREED**

DSH

**SEX**

Male Neutered

If any clinical decline, reassess and consider sampling pericardial effusion. If patient does well, recheck BP/renal panel in 1-2 weeks, then every 3-4 months lifelong.

**AGE**

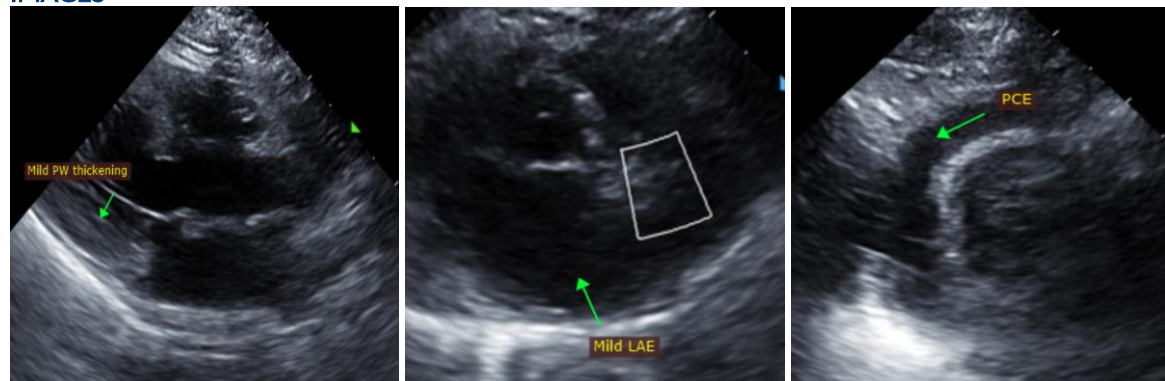
16 years

A recheck echocardiogram is recommended in 6 months to assess progression, sooner if any associated clinical signs develop.

**WEIGHT**

11.7lbs

**IMAGES**



**INTERPRETED BY**

Maggie Machen Lamy, DVM DACVIM (Cardiology)

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.

**IMAGING PERFORMED BY**

Crystal Hill, RVT

**HOSPITAL NAME**

Upper Canada Animal Hospital

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. Rossi

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