



PATIENT

Kitty Hopper

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

11 years

WEIGHT

21.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dana Alterman,
RDMS, LVT

HOSPITAL NAME

Eubank Animal Clinic

REFERRING VET

Dr. Garb

INVOICE

22030

DATE

11/15/21

PRESENTING CLINICAL SIGNS

History: Presented in October with a cough, slight increase in respiratory rate. CXR showed possible bronchitis versus CHF. Furosemide initiated with slight improvement; however, RR remains elevated. Morbidly obese cat, hyperthyroid (on felimazole);
-CXR Report (Synergy) 10/21: cardiomegaly, mild pulmonary changes; r/o CHF- rec diuretic trial.
-Current medications: He has been on furosemide and felimazole daily.
-Sedation: 2cc alfaxalone + 0.2cc torb (10mg/ml) IM.

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; 50mm/s, 20mm/mV. The average heart rate is 220bpm with a regular rhythm. 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 tachycardia.

ECHOCARDIOGRAM FINDINGS

2D and m-mode imaging is available. The left ventricular wall is minimal increased globally. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled. The LV is normal in dimension with adequate systolic function. The left atrium is moderate to severely dilated. No obvious smoke. The right atrium is moderately dilated. The right ventricle appears normal. Mild TR. Borderline velocity. Moderate to severe MR. Scant pericardial effusions. No pleural effusion. 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	9.9	NM	0.6	1.6	0.6	52	94
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	NM	2.0	2.0		1.3	1.0	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 finding of significant biatrial dilation in the face of borderline normal LV wall thickness and significant MR may reflect chronic degenerative valve disease as is seen in dogs. That being said, this is quite uncommon, and some form of dysplasia or Unclassified Cardiomyopathy (UCM) are also possible. There is borderline LV wall thickness, ruling out typical severe hypertrophic disease. The right heart is also affected, putting the patient at risk for biventricular failure. There is also evidence of early pulmonary hypertension noted (likely due to active congestion). The ECG is unremarkable, with a normal sinus tachycardia.



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This patient has likely progressed to congestive heart failure (CHF) as evidenced by the recent CXR and finding of pericardial effusion despite Lasix therapy. Full lifelong cardiac support and anti-coagulation is recommended as below, including off-label use of Pimobendan. The dose of Lasix is not provided, and my hope is a slight dose increase may improve the clinical stability of this case. Going forward, careful monitoring of renal values is recommended.

If able to be stabilized, 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. Monitor at home for any progressive labored breathing and/or signs of clot recurrence (limb paralysis, neurologic changes, etc.).

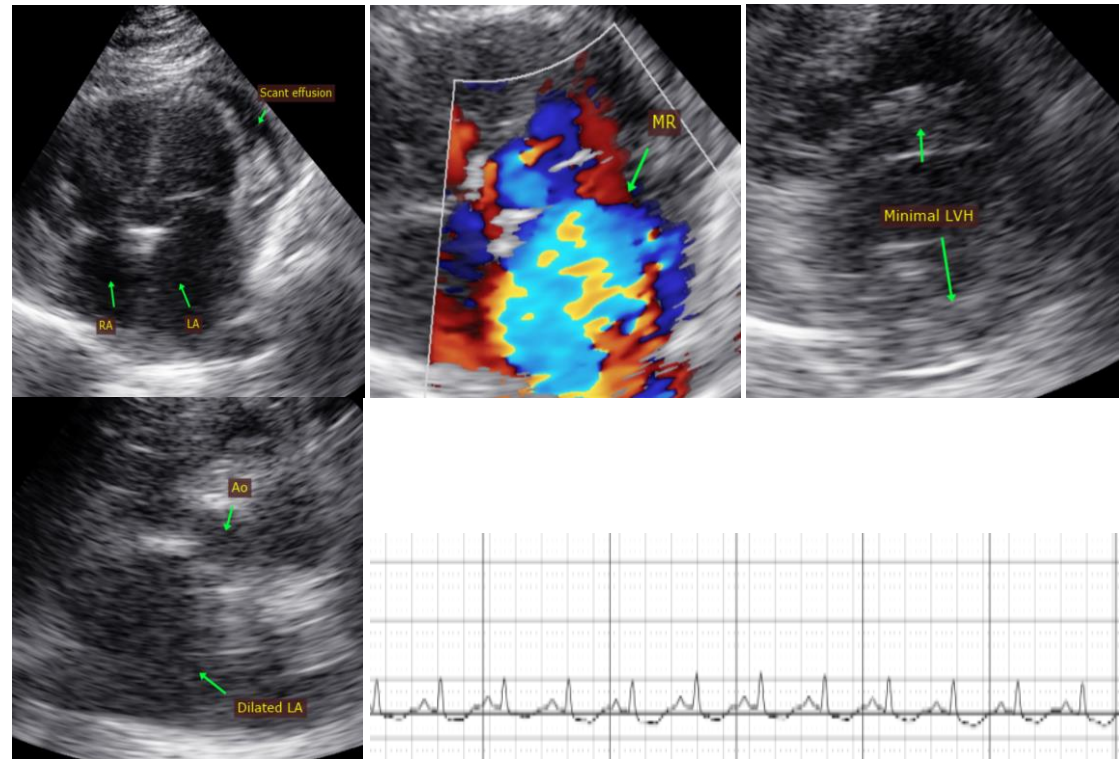
PLAN

Administer Lasix 1-2mg/kg PO q12h (depending on current dose). Institute Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety). Institute Pimobendan 1.25mg PO q12h.

Recheck renal values and BP in 10-14 days, then every 3-4 months lifelong. If the patient continues to show respiratory signs, institute Spironolactone 6.25mg PO q24h. If patient is doing well and BP >130mmHg, consider addition of an ACEI 0.5mg/kg PO q12h.

Recheck echocardiogram in 6 months once stable on oral medications to reassess for progression.

IMAGES





PATIENT

Kitty Hopper

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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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.

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Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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