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Clinical Sonography & Telecytology
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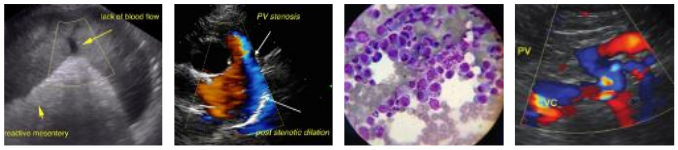


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Morpheus Leeming

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
4 years

WEIGHT
10.9lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Amanda Lacey Crook

HOSPITAL NAME
River's Edge Pet Medical Center

REFERRING VET
Dr. Gray

INVOICE
22023

DATE
11/15/21

PRESENTING CLINICAL SIGNS
History: Suspect ATE. RR/LR feet are colder to the couch and P unable to stand. Painful in caudal abdomen. Rescue cat, no hx of heart murmur or clinical signs. Apparently healthy until presentation. Abnormal PE/Chem/CBC/UA Results: CBC = WNL; PT 23.0, PTT 96.0, CHEM = Gluc 240, ALP 10

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
Cardiomegaly with valentine appearance. Concern for impending CHF.

ECHOCARDIOGRAM FINDINGS **Limited image set due to patient agitation.*
2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is severely hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is severe papillary muscle hypertrophy and remodeling. Systolic function is depressed. The left atrium is severely enlarged. Evidence of intraatrial smoke. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is mild thickened, with normal mobility. No evidence of systolic anterior motion. There is trace mitral regurgitation present. Scant pericardial effusion. No pleural effusion is visualized.

CARDIAC CHART

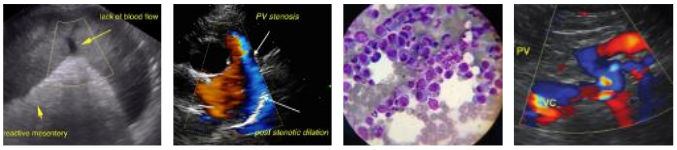
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	------	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5	NM	0.95	1.3	0.90	25	48

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	2.5	2.2	NM	NM	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
Hypertrophic cardiomyopathy (HCM) is typically a rule out diagnosis once systemic hypertension and hyperthyroidism are ruled out. In a 4yo cat, severe congenital HCM is almost certainly the diagnosis. The severity of disease is high, with severe LA dilation and LV wall thickening with development of systolic dysfunction. The finding of pericardial effusion supports early congestive heart failure as well.

The PE/history is suggestive of a thrombus (saddle thrombus, ATE), and this exam confirms a cardiac origin as the cause. Cats of any age who develop an ATE unfortunately carry a poor to grave prognosis, with those who survive the initial clot event often succumbing within weeks to months to a recurrent thrombus or CHF. Should the pain be poorly controlled or significant azotemia occur, an ascending clot would be suspected, and humane euthanasia is recommended.



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Time and supportive care to ensure patient comfort is the best way to approach an ATE should the owners elect to go forward. Heparin can be utilized in hospital to help decrease the risk for clot ascension and further clot development; however, there is no safe or recommended therapy to disrupt the current thrombus. Other possible complications include reperfusion injury, limb necrosis, CHF/arrhythmias. Assuming the pain can be controlled, some cats are able to regain some or all function in the limbs over time while others may not. Lifelong cardiac support and anti-coagulation is recommended. Even given the clear lung fields and lack of reported respiratory signs, a low dose of Lasix is also recommended. Please see medication recommendations below.

PLAN

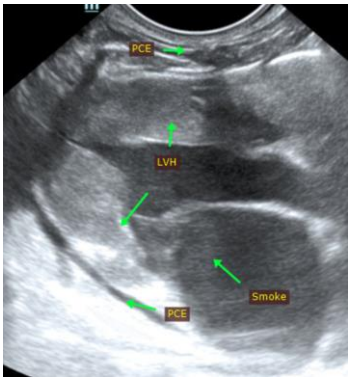
In hospital: Supportive care through limb manipulation/temperature support, monitoring electrolytes/renal values q6hours, monitoring BP in both fore and hindlimbs, heparin therapy if able/elected, pain control (methadone, buprenex, etc.). Consider 24-hour facility with specialty care if possible. Baseline ECG recommended.

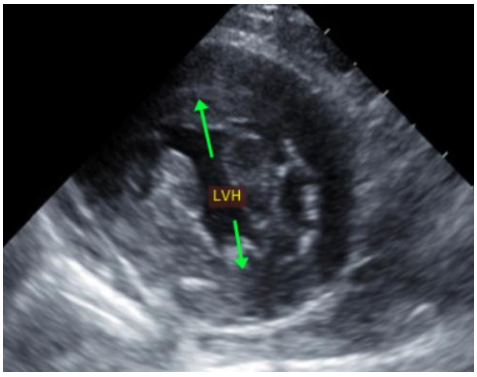
Initiate Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety). Lasix 1-2mg/kg PO q12h. Initiate Pimobendan 1.25mg PO q12h.

Recheck renal values in 10-14 days, then every 3-4 months lifelong. Close monitoring of respiratory rate and effort at home.

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

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
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