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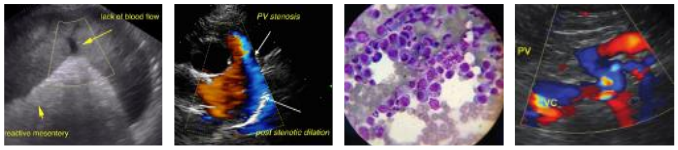


PATIENT
Moosh Paquette

SPECIES
Feline

BREED
DLH

SEX
Male Neutered

AGE
11 years

WEIGHT
5.3kgs

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

IMAGING PERFORMED BY
Nigel Gumley, DVM

HOSPITAL NAME
Cedarview Animal Hospital

REFERRING VET
Dr. Bell

INVOICE
27240

DATE
11/2/22

PRESENTING CLINICAL SIGNS

History: Presented with tachypnea, increased respiratory noise and malaise after COHAT with one extraction yesterday. Inappetant and a bit lethargic since procedure. Has received most of a dose of buprenorphine. Heavy drooling and blood noted in sputum. Mildly increased lung sounds on auscultation today, moderate pleural effusion noted on TFAST.
-Chest radiographs (Idexx): Mild cardiomegaly. Pleural effusion. Suspect CHF.
-Sedation: Received one dose of Lasix (2mg/kg) and 0.1mg/kg of butorphanol prior to US.
-Abnormal PE/Chem/CBC/UA Results: Bloodwork normal.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. The papillary muscles are normal in size and hyperechoic. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trace TR. Normal velocity. Blood flow through both the LVOT and RVOT is normal in velocity. Possible scant pericardial effusion; however, finding is inconsistent. Pockets of pleural effusion seen. No obvious cardiac tumors.

CARDIAC CHART

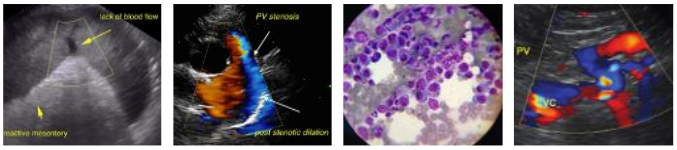
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	------	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.3	150	0.41	1.52	0.44	60	92
FELINE CARDIAC PARAMETERS	**LA/AO** (Boon)	**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	1.2	1.2		1.1	0.93	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

Overtly normal cardiac structure and function. The LV wall thickness is normal, and there is no evidence of elevated left atrial pressure or underlying pathology at this time. There is mild remodeling and fibrosis of the left ventricular wall, which is considered likely a normal age-related finding. Persistent pockets of pleural effusion are noted with possible scant pericardial effusion. No additional issues are identified.

These findings do not clearly explain reported cardiomegaly and congestion on recent chest radiographs. It is possible the amount of pericardial effusion was greater prior to Lasix, although you would expect at least some residual left atrial enlargement. An anesthetic reaction remains possible, as any animal can experience acute intolerance. If the patient is doing well at this time,



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there is no need to continue Lasix going forward as my hope is residual effusions will continue to improve. If there are still clinical respiratory signs, a trial of Lasix can be instituted; however, long term use is likely unnecessary. If the effusion persists or worsens (ie causing progressive clinical decline), sampling is strongly recommended. Repeat films are recommended to establish a baseline. If any recurrent clinical signs are noted, repeat films with a Radiologist evaluation of serial studies is strongly recommended.

No clear indication for diuretic or other cardiac therapy, assuming patient is normal at home.

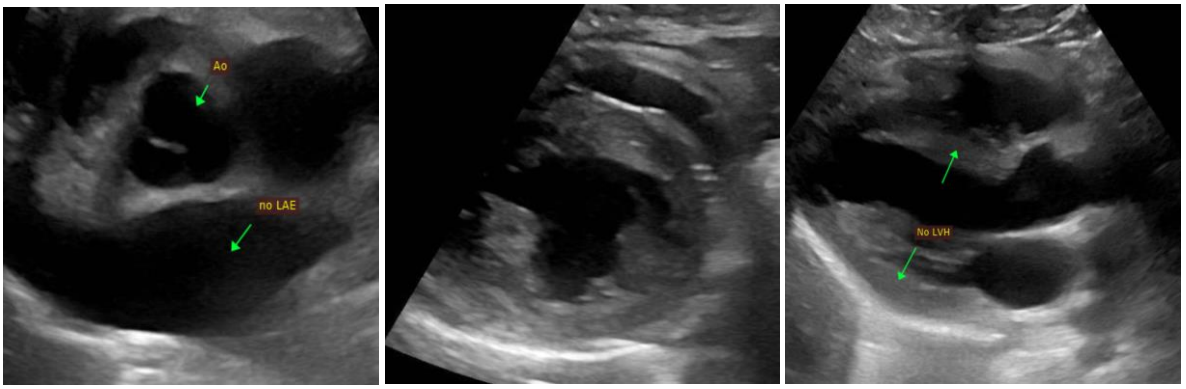
Anesthetic risk is considered mild. With remodeling and diastolic stiffening, there is an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended. Heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary. Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

PLAN

Consider repeat films as discussed. Institute Lasix or not depending on clinical signs. Consider diagnostic tap if indicated.

Unless patient has any recurrent clinical signs, reassess in 6-12 months.

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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