



PATIENT

Eli Alan

PRESENTING CLINICAL SIGNS

History: Pleural effusion, thoracocentesis performed. Current medications: furosemide, atenolol, amlodipine, felimazole, solensia

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: SDMA, ALT, increased Neuts and PCT, low MCV and MCH as well as Retic-HGB

BREED

DSH

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal with regions of borderline hypertrophy There is a diffusely hyperechoic endocardium consistent with fibrosis. The systolic function is decreased with evidence of diastolic dysfunction as well. The papillary muscles are mildly remodeled. The left atrium is severely dilated. No obvious spontaneous contrast; no obvious thrombus. Mild central MR due to annular stretch. The right ventricle is also affected, with diffuse fibrosis and remodeling. Moderate RA dilation. Mild central TR; normal velocity. Blood flow through the RVOT and LVOT is low normal velocity. Trace pericardial effusion. Scant pleural effusion. No obvious cardiac tumors.

AGE

18 years

CARDIAC CHART

WEIGHT

4.8kgs

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	194	0.54	1.7	0.55	24	40
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	2.54	2.6	2.0		0.9	0.6	NM

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

**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.

IMAGING PERFORMED BY

Kelly Reschny, CVT

HOSPITAL NAME

Headon Forest
Animal Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of severe biatrial enlargement in the face of borderline LV wall thickness and systolic dysfunction is most consistent with Restrictive Cardiomyopathy (RCM), however some prior historical infectious or inflammatory insult to the myocardium cannot be definitively ruled out. The biatrial dilation is causing insufficiency of both AV valves, and systolic dysfunction has developed.

REFERRING VET

Dr. Hall

The finding of this degree of biatrial dilation confirms the origin of the tachypnea and effusion is spontaneous congestive heart failure, and lifelong medications are warranted as below. This patient is at high risk for thromboembolic events regardless of medications and this should be expressed to the owner (monitor for neurologic change, acute paralysis/lameness, etc). **Consider hospitalization for continued stabilization, oxygen and Lasix therapy.** A thoracocentesis was performed, with only scant effusion seen here.

INVOICE

27606

DATE

11/22/22



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The prognosis is **poor to grave**, with a mean survival time for cats with CHF <8-12 months, however most are able to maintain a good quality of life on medications if able to be stabilized. In this geriatric cat, tolerance of medications must be considered if any renal disease is present. There will always remain risk for recurrent episodes of CHF, development of blood clots, arrhythmias, and/or sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

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Male Neutered

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Plan: Consider hospitalization, oxygen, IV diuretic in hospital until stabilized due to effusions. Oral medications: furosemide 1-2mg/kg PO q12h. Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Institute Pimobendan (off label use) 1.25mg PO q12h.

Once stabilized, eating well at home and BP >130mmHg, consider addition of vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h.

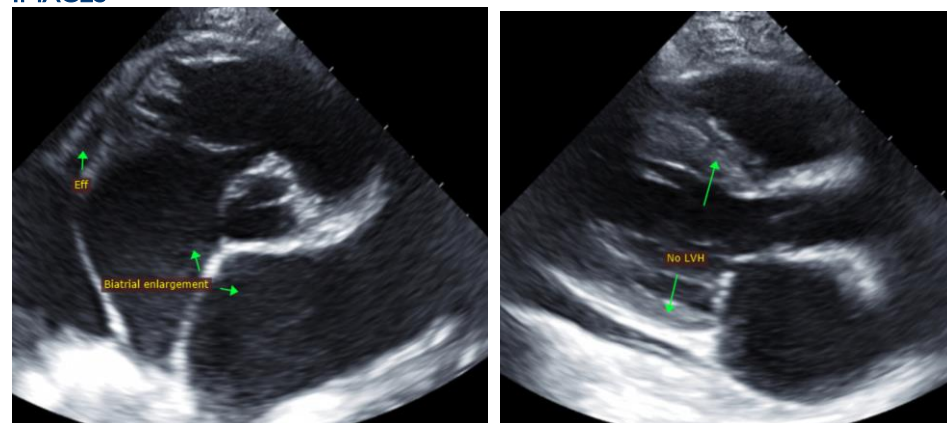
Recheck renal values in 10-14 days to ensure tolerance of medications, then every 3-4 months lifelong.

A recheck echocardiogram is recommended in 4-6 months to assess for progression.

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(Cardiology)

IMAGES



IMAGING PERFORMED BY

Kelly Reschny, CVT

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REFERRING VET

Dr. Hall

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. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

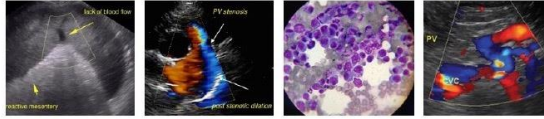
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