



DATE PRESENTING CLINICAL SIGNS

11.28.25 History: Syncopal episode on 11/25. Tachyarrhythmia (270bpm with suspected VPC's ausculted at home on 11/25). Tachycardia resolves with Propranolol but suspected VPC's persist. HR decreases to 130/140bpm on Propranolol. Historical bilateral thyroidectomy for hyperthyroidism. History of urinary obstruction.

PATIENT

Sparky Stephens -Pertinent abnormal PE/Chem/CBC/UA Results: HCT 30, bnp 1404
-Current medications: Levothyroxine 2mg SID started after thyroidectomy last year. Propranolol 5mg TID started Wednesday night after syncopal episode. Spironolactone 12.5mg SID started Wednesday night. Will discontinue 11/28 and start Furosemide 6.25mg BID. Clopidogrel will start today due to enlarged atria.

SPECIES

Feline -Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results:
-STAT: DVM requested.
-Imaging performed by: Andi Parkinson, BS, RDMS.

BREED

DSH

SEX

MN

AGE

10.31.10

WEIGHT

12lbs

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal with regions of remodeling and irregularity. There is a mildly 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 and auricle are severely dilated. No obvious spontaneous contrast; no obvious thrombus. Mild central MR due to annular stretch. Normal velocity. The right ventricle is also affected, with mild fibrosis and remodeling. Moderate to severe RA dilation. Mild central TR; normal velocity. Blood flow through the RVOT and LVOT is low normal velocity. Trace pericardial effusion. 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)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.5	168	0.43	1.74	0.50	30	64
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	2.2	2.0	0.66	0.5	NM	

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.

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Stephens

INVOICE

45925

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of severe biatrial enlargement in the face of normal LV wall thickness and systolic dysfunction is most consistent with Restrictive or Unclassified Cardiomyopathy (RUCM); however, some historical infectious or inflammatory insult to the myocardium cannot be definitively ruled out. Biatrial dilation is present, resulting in insufficiency of both AV valves. Systolic dysfunction has developed, and there is evidence of diastolic dysfunction as well. No additional pathology is appreciated.

The finding of this degree of biatrial dilation and scant pericardial effusion congestive heart failure in this case, and lifelong medications are warranted as below. **No comment on the arrhythmia can be made without an ECG tracing; however, use of a beta blocker in the face of active CHF must be done with extreme caution.**

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). **The prognosis is poor to grave in this case**, with a mean survival time for cats with CHF <8-12 months if able to be stabilized; however, most are able to maintain a good quality of life on medications for some time.

Once stable, 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.

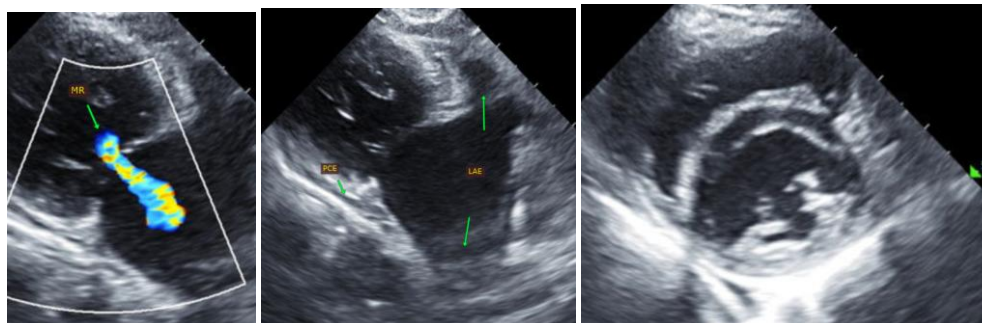
Anesthesia, fluid or steroid therapy should be avoided lifelong in this patient.

Plan: Highly recommend follow up ECG as discussed. Continue furosemide 1-2mg/kg PO q12h. Continue 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.

Recheck renal values and BP in 10-14 days to ensure tolerance of medications, then every 3-4 months lifelong. Once stabilized, eating well at home and BP >130mmHg, consider addition of vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h.

A recheck echocardiogram is recommended in 6 months to assess 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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com