



PATIENT

Hedwig Daily

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

16 years

WEIGHT

17.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dana Alterman,
RDMS, LVT

PRESENTING CLINICAL SIGNS

History: Dyspnea with bicavitary effusion, found on wellness exam. Overweight with renal disease. Tapped 10mL from chest and started: Enalapril 0.5mg/kg po SID, Furosemide 2mg/kg po SID, Clopidogrel 18.75 mg po SID.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied. The LV systolic function is adequate. The left atrium is moderate to severely dilated and bulbous in appearance with a horizontal component. No obvious smoke or thrombi. The right atrium is mildly dilated. The RV appears mildly affected as well. The mitral valve appears mildly affected as well. normal with no obvious MR. The TV appears normal with mild to moderate TR. Borderline TR velocity. Blood flow through the LVOT and RVOT are normal in velocity. No obvious LVOT obstruction on 2D. No pericardial or 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	8.0	NM	0.69	1.4	0.67	50	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	2.0	1.86	0.8	0.7	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

The finding of significant atrial enlargement in the face of mild LV hypertrophy is most consistent with Hypertrophic Cardiomyopathy, however an Unclassified Cardiomyopathy (UCM) or some infectious or inflammatory insult to the myocardium cannot be definitively ruled out. The right heart is also mildly affected, albeit to a lesser severity. No additional issues are identified.

Regardless of categorical classification, this degree of atrial dilation confirms spontaneous congestive heart failure as mentioned in the history, and lifelong medications are warranted as below. Enalapril should be discontinued until blood pressure is assessed as many patients in crisis are hypotensive. Additionally utilizing Lasix BID is recommended due to the short half life of the medication. See medication recommendations below.

The mean survival time for cats with CHF is 8-12 months, however most are able to maintain a good quality of life on medications if tolerated.

HOSPITAL NAME

Eubank Animal Clinic

REFERRING VET

Dr. Russman

INVOICE

22203

DATE

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Anesthesia, fluid therapy and/or steroids should be avoided.

SPECIES

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PLAN

Administer Lasix 1mg/kg PO q12h. Continue (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Institute Pimobendan 1.25mg PO q12h (off label use). Discontinue ACE-I until patient is stabilized and BP/renal values assessed.

BREED

DSH

Recheck renal values/BP in 1-2 weeks to ensure tolerance of medications. If renal values reasonable, BP >130mmHg and patient is eating/drinking well, consider reinstitute ACE-I (0.5mg/kg BID).

SEX

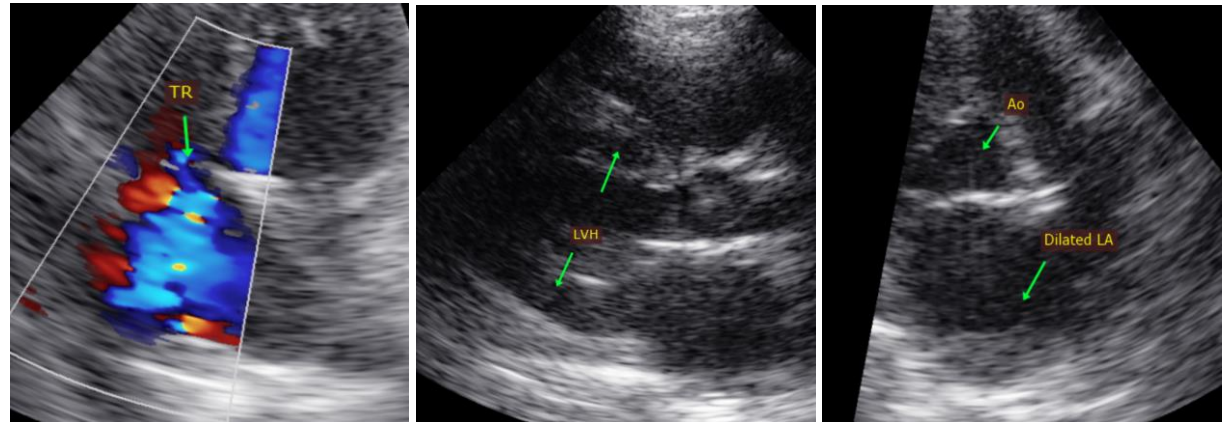
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A recheck echocardiogram is recommended in 6 months to assess progression

IMAGES

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(Cardiology)

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.

IMAGING PERFORMED BY

Dana Alterman,
RDCS, LVT

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.

HOSPITAL NAME

Eubank Animal Clinic

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

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