



PATIENT

Rhett Fiore

PRESENTING CLINICAL SIGNS

History: Weight loss . Borderline high T4.

SPECIES

Feline

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Mild cardiomegaly. Increased sternal contact. Pleural effusion.

BREED

DSH

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 diffusely hyperechoic endocardium consistent with fibrosis. The systolic function is intact with evidence of diastolic stiffening. 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. Severe RA dilation. Moderate central TR. Blood flow through the RVOT and LVOT is low normal velocity. Trace pericardial effusion. Large volume pleural effusion. No obvious cardiac tumors.

AGE

15 years

CARDIAC CHART

WEIGHT

8.25lbs

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	3.7	130	0.39	1.7	0.41	48	83
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	2.2	2.5	2.0		0.90	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.

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Sands Hill Mobile Veterinary Ultrasound

HOSPITAL NAME

Surf City Animal Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

REFERRING VET

Dr. Wick

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 should also be considered due to effusion and instability. 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. There will always remain risk for recurrent episodes

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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.

SPECIES

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PLAN

Consider thoracocentesis, hospitalization, oxygen, IV diuretic in hospital until stabilized due to effusion. 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) 0.625mg PO q12h.

BREED

DSH

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

SEX

Male Neutered

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.

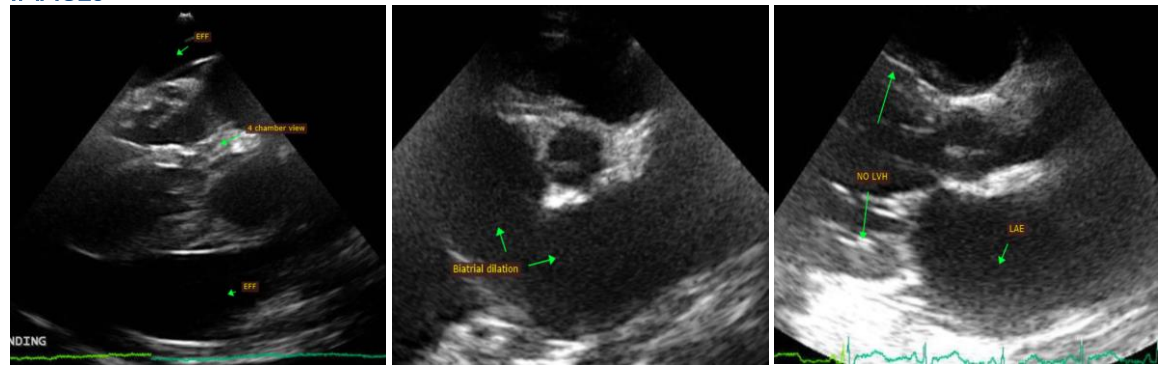
AGE

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IMAGES

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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.

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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

Surf City Animal Hospital

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

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Dr. Wick

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