



PATIENT

Biscuit McCord

SPECIES

Feline

BREED

Bengal

SEX

Female

AGE

4 months

WEIGHT

4.9lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside Animal
 Clinic

REFERRING VET

Dr. Cox

INVOICE

27721

DATE

11/30/22

PRESENTING CLINICAL SIGNS

History: Patient presented for a vaccine appointment but appeared to have labored breathing and an enlarged abdomen. Further evaluation and XRAY show that patient has fluid in both her chest and abdomen.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The LV is normal in dimension with adequate function. Septal flattening in systole consistent with pressure overload. The left atrium is normal. No mitral regurgitation. The right atrium is markedly dilated without obvious spontaneous contrast. The right ventricle is markedly dilated with mildly increased wall thickness. Mild to moderate tricuspid regurgitation. Velocity consistently with moderately elevated pulmonary pressures. The MPA is difficult to visualize; however, no obvious enlargement is seen. The pulmonic valve is difficult to visualize and max velocity not assessed. Blood flow through LVOT is normal in velocity. Pockets of pleural effusion. Scant pericardial effusion seen.

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	2.2	NM	0.40	1.1	0.45	58	90
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	1.3	1.1		1.0	NM	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

Severe congenital heart disease is present with marked right heart enlargement. The exact underlying pathology cannot be determined in this study; however, there is certainly pressure overload of the right heart (rule out pulmonary hypertension, PS, an obstruction not seen such as branch PS, R-L PDA, etc.). The left heart appears normal with no obvious pathology seen. **Given the young age of the patient and lack of definitive diagnosis, highly recommend referral to a local Cardiologist in this case for further evaluation and advanced imaging (advanced echocardiography, bubble study, CT, etc.) once stable.**

Regardless of categorical classification, the finding of severe right heart enlargement would suggest effusions are certainly cardiac in origin consistent with right-sided CHF. Immediate lifelong cardiac supportive medications are warranted as below. If the patient appears unstable or experiences any further decline at home, hospitalization for stabilization and supportive care may be necessary. Consider thoracocentesis or abdominocentesis as needed.



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The mean survival time for cats with CHF is <12 months, however most are able to maintain a reasonably good quality of life on medications. There will always remain risk for recurrent episodes of CHF, malignant arrhythmias and/or development of further blood clots in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

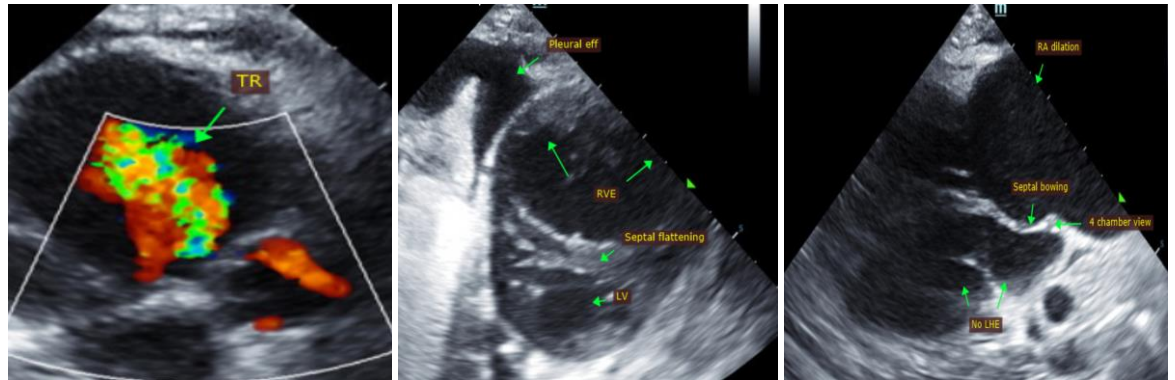
PLAN

Highly recommend referral to a local Cardiologist as discussed once stable. Continued hospitalization as discussed with tapping as needed. Institute oral diuretic Lasix 1-2mg/kg PO q12h (tablets or consider liquid suspension 10mg/ml). Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges; coat in entirety or place in a gel cap). Institute off label Pimobendan 1.25mg PO q12h.

Recheck renal values/BP in 10-14 days to ensure tolerance of medications. If patient is doing well at home, is able to be easily medicated and BP >130mmHg, institute ACEI 0.5mg/kg PO q12h at this time.

If referral is declined, a recheck echocardiogram is recommended in 4-6 months to assess progression, sooner if clinical issues arise in the interim.

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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