


PATIENT

Pumpkin Aufran

SPECIES

Feline

BREED

DMH

SEX

Male Neutered

AGE

14 years

WEIGHT

13.5lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

 Animal General on
 Hudson

REFERRING VET

Dr. Tierney

INVOICE

27739

DATE

11/30/22

PRESENTING CLINICAL SIGNS

History: Seen at Blue Pearl on 11/24 for labored breathing. Chest tap performed in which 300mls of chylous effusion was extracted. History of grade 3/6 heart murmur. Echo performed in 2017 was "normal". Current meds: Lasix 10mgs/ml - 1 ml BID.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with regions of thinning contrasting regions of significant hypertrophy. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy. Adequate systolic function. The right ventricle appears normal. There is marked left atrial enlargement present. No obvious smoke. Mild right atrial enlargement present. Normal RVOT velocity. No obvious systolic anterior motion (SAM) of the mitral valve present, with a normal LVOT velocity. There is mild mitral regurgitation. Mild double jet of TR. No other obvious valvular regurgitation is present. Scant pericardial effusion noted. Moderate volume pleural effusion appreciated.

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	6.1	NM	0.78	1.59	1.0	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	1.7	2.0	2.0		1.1	0.6	NM
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once hypertension and hyperthyroidism has been considered. Both should be evaluated for in this case. The LV has an end-stage appearance with regions of thinning contrasting regions of thinning and severe left atrial enlargement.

Given these findings, effusion is certainly cardiogenic in origin and more aggressive cardiac support is recommended as below. Consider hospitalization for supportive care and thoracocentesis given significant recurrent effusion despite Lasix therapy.

If able to be medicated and stabilized, the mean survival time once CHF is diagnosed is typically 8-12 months, giving this cat unfortunately a poor to grave prognosis. Our goal is to stabilize the situation for the short-term; however, there is high risk for recurrent complications and/or sudden death going forward.



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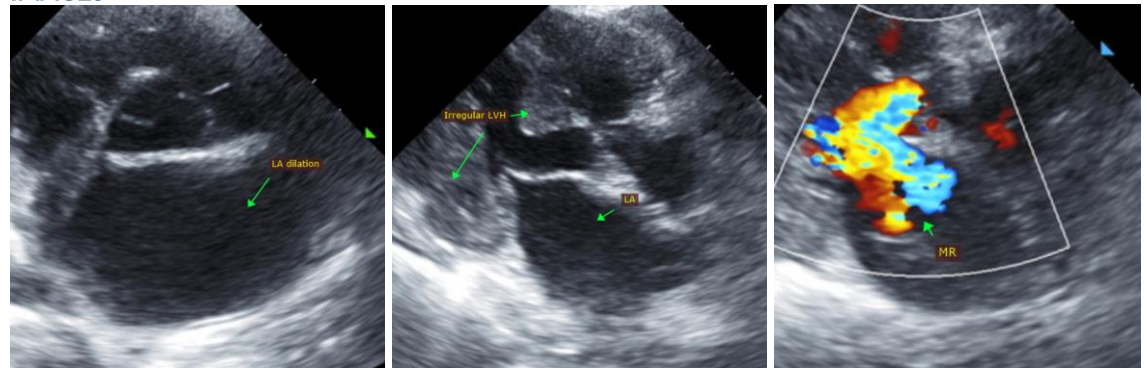
PLAN

Consider hospitalization and/or repeat thoracocentesis. At a minimum, injectable Lasix should be utilized prior to discharge. Increase oral Lasix 12mg PO q12h. Institute Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety). Institute Pimobendan 0.3mg/kg PO q12h. Institute Spironolactone 6.25mg PO q12h.

Monitor renal values and BP in 1-2 weeks, then every 3-4 months lifelong.

A recheck echocardiogram is recommended in 6 months to assess 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
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