



PATIENT

Esther Hearst

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

16 years

WEIGHT

14lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Hills Animal
Hospital

REFERRING VET

Dr. Remcho

INVOICE

27985

DATE

12/13/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Asymptomatic.
-Current medications: Pimobendan 1.25mg PO BID, Fluoxetine 5mg PO q24h.
-Pertinent previous echo findings (6/2022 MML): No LVH, mild LVE, mild dysfunction, moderate LAE.
LA: 1.6, LA/AO: 1.8, LV: 1.8, FS: 38%. Recommended Pimobendan, ACE-I and Plavix.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with mild LV dilation and moderate dysfunction. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears mildly remodeled. Papillary muscle fibrosis and remodeling. The left atrium is moderate to severely dilated and bulbous in appearance. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility with mild MR. Blood flow through both the LVOT and RVOT are normal in velocity on Doppler. No obvious cardiac tumors identified. No effusions.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LWVd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.4	190	0.40	1.7	0.45	30	58
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	NM	2.0	1.8	nm	0.82	NM	
<p><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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, the LA is unfortunately progressively dilated. Moderate to severe left atrial enlargement suggests the risk for complication is elevated. Mild MR has developed, secondary to annular stretch. Finally, the LV is similar in appearance; however, LV dysfunction is mild progressed as well. No obvious additional issues are identified.

Given these findings, highly recommend institution of Plavix at this juncture. Continue Pimobendan as prescribed. An ACE-I should be considered, pending BP assessment. Unfortunately, there is high risk for CHF in this case and close monitoring of breathing rates is advised.

Prognosis is guarded long-term.

Anesthetic risk is moderately elevated and should be avoided unless necessary.



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Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change). Patient will likely be at risk for progression to CHF, development of arrhythmias and/or sudden death in the future.

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PLAN

Continue Pimobendan 1.25mg PO q12h. Pending BP assessment, institute ACE-I 0.5mg/kg PO q12h (BP >130mmHg.). Recommend 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).

BREED

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A recheck echocardiogram is recommended in 6 months to screen for progression.

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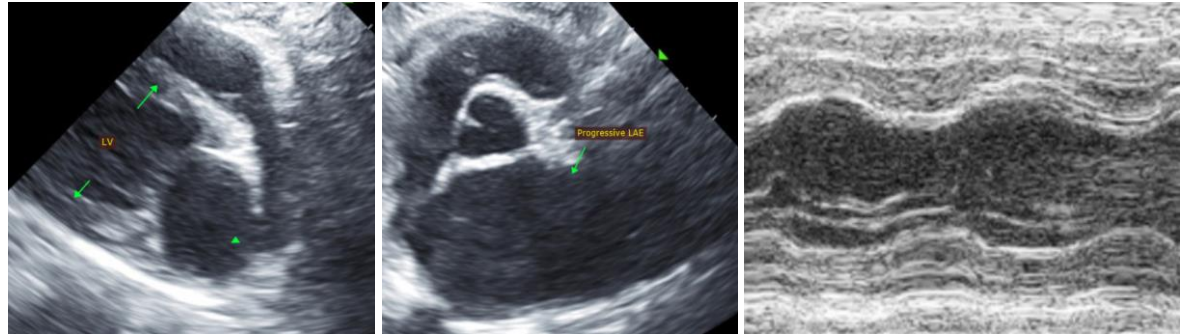
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IMAGES



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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.

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.

IMAGING PERFORMED BY

Jenna Walsh, CVT

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