


PRESENTING CLINICAL SIGNS
DATE

History: Presented on 11/9 and 11/12 for pleural effusion (pink-tinged transudate). Started on furosemide 3.8 mg/kg TID and enalapril 0.4 mg/kg/day. Radiographs on 11/13 showed cardiomegaly. Furosemide switched to 3 mg/kg TID.

12/16/22

ECHOCARDIOGRAPHIC FINDINGS
PERFORMED BY:

2D, M-mode, and color Doppler study.

Dr. Eileen Jenkins

There is moderate left atrial dilation. The mitral valve appears normal, though trace mitral regurgitation is present. Left ventricular wall thickness is normal. There is mild left ventricular dilation. Left ventricular systolic function is moderately depressed. The aorta and aortic valve appear normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal. The pulmonary artery and pulmonic valve appear normal. No shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

ECG during echo: Atrial fibrillation

PATIENT

Buster Davis

 LA/Ao - 2.27
 IVSd - 5.0 mm
 LVPWd - 4.9 mm
 LVIDd - 20.3 mm
 LVIDs - 14.7 mm
 FS - 27.6%

SPECIES

Feline

ASSESSMENT/RECOMMENDATIONS
BREED

This examination demonstrates moderate depression of Buster's left ventricular systolic function, consistent with the presence of a dilated cardiomyopathy (DCM) phenotype. Secondary to his dysfunction, Buster has moderate dilation of his left atrium and mild dilation of his left ventricle, and he has also developed atrial fibrillation. Given these changes, it comes as no surprise that Buster experienced two episodes of congestive heart failure (CHF) last month. In addition to recurrence of CHF, Buster is at fairly high risk for cardiac thrombus formation with secondary thromboembolic disease, therefore, careful monitoring for the development of clinical signs associated with this condition is recommended.

DSH
SEX
MN

A T4 level is recommended. A whole blood taurine level may be warranted, and taurine supplementation (250 mg BID) should be given if a deficiency is documented.

AGE

9 y

Buster's current medications are appropriate, and use of the lowest effective furosemide dose is recommended, as his current one is very high for a cat and can potentially harm his kidneys. I also recommend starting Buster on pimobendan (1.25 mg BID) and clopidogrel (18.75 mg SID). As for Buster's atrial fibrillation, recommended therapy is diltiazem (7.5 mg TID).

WEIGHT

4.9 kg

A recheck ECG and renal/electrolyte profile are recommended in 2 weeks. A recheck echocardiogram is recommended in 6 months. Repeat radiographs are recommended any time clinical signs compatible with CHF develop.

HOSPITAL NAME

 Huntsville Vet. Spec.
 & Emer.

REFERRING VET

Dr. Jenkins



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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.

PATIENT

Buster Davis

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

SPECIES

Feline

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631-804-5754

BREED

DSH

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