



PATIENT

Buster Ferguson

PRESENTING CLINICAL SIGNS

History: Recheck echo. No medications.
-Pertinent previous echo findings (11/2019 MML): Mild to moderate LVH, borderline LAE, mild LVOTO: 2.5m/s. IVS: 0.75, LVWd: 0.72, LA: 1.2.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately hypertrophied with remodeling of the endocardium. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is moderate papillary muscle hypertrophy and remodeling. The left atrium is severely enlarged with evidence of intraatrial smoke. The right atrium appears normal. The right ventricle appears normal. The mitral valve is normal, with normal mobility. No mitral regurgitation. Blood flow through the RVOT and LVOT are normal in velocity. There is no tricuspid regurgitation present. No pericardial or pleural effusion is visualized.

BREED

DSH

SEX

Male Neutered

AGE

12 years

CARDIAC CHART

WEIGHT

13.3lbs

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	6.0	216	0.73	1.3	0.75	38	70
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	3.0	2.5	2.1		0.9	1.1	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

Kelly Reschny, RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, progressive hypertrophic disease is identified. Despite a stable LV wall thickness, the LA dilation is significant with development of smoke. This is clearly significant progression although given the time frame is not entirely unexpected. Unfortunately, with this degree left atrial dilation the risk is high going forward for spontaneous CHF, blood clot events and/or sudden death at home.

HOSPITAL NAME

Halton Peel Animal Hospital

REFERRING VET

Dr. Walters

Even with left atrial enlargement, utilization of medications in subclinical feline cardiomyopathy cases is of debatable benefit. Given the degree of disease however, I would consider use of Benazepril, Pimobendan and Plavix in this case as below. Lasix is not clearly indicated prior to clinical signs; however close monitoring of breathing rates is advised as this may be eminent.

INVOICE

22250

DATE

12/2/21

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered high and is not advised. If needed,



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extreme caution must be used for any IV fluid or steroid therapy. Prognosis is guarded to poor long term, however prior to clinical signs many cats can remain stable for some time on medications.

SPECIES

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Plan: Pending BP >130mmHg, institute ACE-I 0.5mg/kg PO q12h. Consider institution of 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). Consider institution of Pimobendan 1.25mg PO q12h. If any change in breathing, activity level, etc. is noted at home, do not hesitate to institute Lasix 1mg/kg PO q12h.

BREED

DSH

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if clinical signs arise.

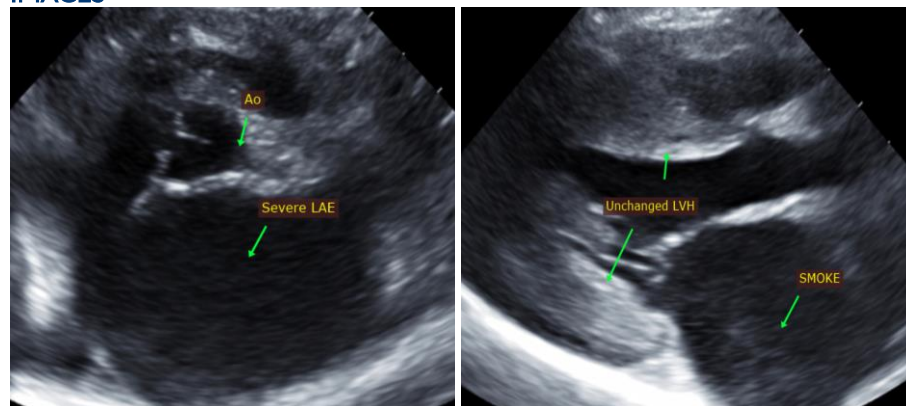
SEX

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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.

IMAGING PERFORMED BY

Kelly Reschny, RVT

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

Halton Peel Animal
Hospital

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REFERRING VET

Dr. Walters

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