



PATIENT

Marcus Cutler

SPECIES

Feline

BREED

Sphynx

SEX

Male Neutered

AGE

7 years

WEIGHT

11.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Brown

INVOICE

27825

DATE

12/5/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Progressive cough but he's doing well still on medications. One episode of syncope.

-Current medications: Enalapril 0.5mgs/kg PO q12h, Plavix 75mg 1/4 tablet orally once daily, Pimobendan, 1.25mg orally q12h. Lasix 1mg/kg PO q12h.

-Pertinent previous echo findings (5/2022 MML): Mild LVH: 0.61/0.69cm. Moderate to severe LAE: 1.9cm. Moderate MR. VPCs noted at that time.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with thinning of the septum. Mild posterior wall hypertrophy. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied as well. The endocardium also appears remodeled. The left atrium is moderate to severely dilated and bulbous in appearance. No obvious smoke. The right atrium is normal in dimension. The right ventricle appears normal. The mitral valve is mildly thickened with moderate eccentric MR. No obvious TR. Blood flow through the RVOT and LVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

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	5.2	208	0.52	1.6	0.60	50	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	2.0	2.0	1.8		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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Findings are similar to the previous study with potentially mild thinning of the IVS. This may reflect end-stage disease, given the overall picture. The LA remains severely dilated and MR unchanged. No additional issues are identified.

Given these findings, recommend continued full cardiac support, as previously noted. Syncope in this patient is of unknown origin and further information is necessary. If purely exertional in nature, lack of cardiac output may be contributing. If the episodes persists, reassessing the ECG is strongly recommended.

Unfortunately, even with overall stability, the mean survival time for cats with CHF is 8-12 months, however most are able to maintain a good quality of life on medications. Patient will

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always remain at high risk for recurrent episodes of CHF, development of blood clots, and/or sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

SPECIES

Feline

Elective anesthesia, fluid or steroid therapy is not advised.

BREED

Sphynx

PLAN

Baseline BP is recommended every 6 months. Continue Lasix, Plavix, Enalapril and Pimobendan as previously prescribed. If syncope recurs, an ECG is strongly recommended.

SEX

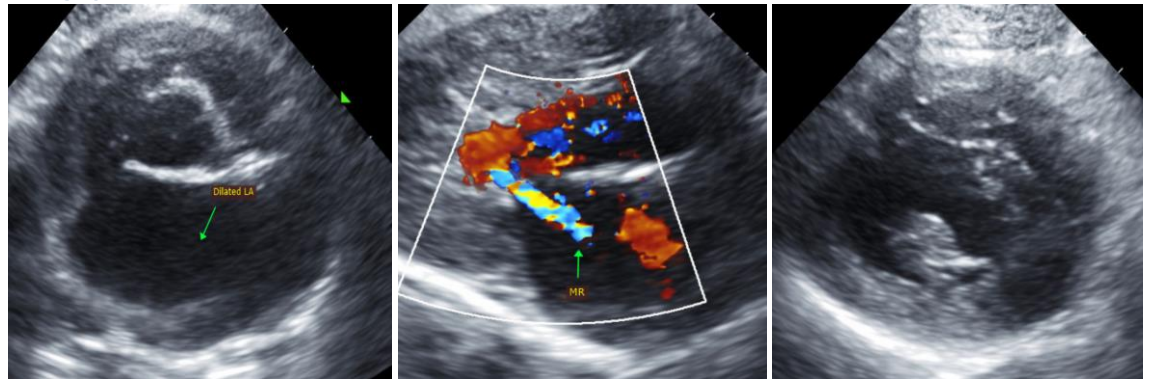
Male Neutered

Recheck renal values and BP every 3-4 months lifelong.

A recheck echocardiogram is recommended in 6 months to assess progression.

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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.

IMAGING PERFORMED BY

Kim Liedberg

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.

Maggie Machen Lamy, DVM
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info@sonopath.com

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