



PATIENT PRESENTING CLINICAL SIGNS

Koko Bennett

History: Hospitalized for decreased appetite, dyspnea. On exam, NSR, no murmurs appreciated. BP ranged between 100-120 mmHg. Normal T4. Radiographs: scant pleural effusion, moderate cardiomegaly, interstitial infiltrates, concern for cardiac disease and CHF. Thoracocentesis attempted on both sides – unsuccessful in obtaining any fluid.
-Current medications: Furosemide 2mg/kg IV TID, unsays, NAC, terbutaline, albuterol, renal K.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

BREED

DMH

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV internal diameter is normal with adequate myocardial function. The LV wall thicknesses are moderately increased with regions of irregularity. The LV myocardium appears remodeled. The papillary muscles are mildly hypertrophied and hyperechoic with regions of remodeling.

SEX

Male Neutered

Left atrium: The left atrium and auricle are moderate to severely dilated. Subtle smoke seen.

AGE

10 years

Mitral valve: The mitral valve is normal in structure and mobility. No systolic anterior motion is seen. Mild central mitral regurgitation due to annular stretch.

Aortic valve/Aorta: Aortic valve is normal. Normal outflow velocity, laminar flow. No AI.

Right ventricle: Right ventricular appears mildly affected.

Right atrium: The right atrium is mildly enlarged.

Tricuspid valve: Tricuspid valve is normal with mild TR.

WEIGHT

16.8lbs

Pulmonic valve/Pulmonary artery: The pulmonic valve appears normal in morphology and mobility. Normal pulmonic outflow velocities with laminar flow. No PI.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 188bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.85
LA:Ao (Swe)	1.85
IVS thickness (cm)	0.7
LVID diastole (cm)	1.4
PW thickness (cm)	0.77
LVID systole (cm)	0.8
FS (%)	43

Doppler Measurements

PV Vmax (m/s)	1.7
AoV Vmax (m/s)	0.71
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

New England Animal
Medical Center

REFERRING VET

Dr. Doyon

INTERPRETATION OF THE FINDINGS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis for LV hypertrophy once a patient is confirmed euthyroid and normotensive. Given the degree of abnormality seen here in a normotensive euthyroid cat, primary disease is confirmed. The left atrium is significantly enlarged, indicating elevated risk for spontaneous CHF and/or blood clot events. The right heart is also mildly affected, although to a lesser extent. No additional abnormalities are identified.

INVOICE

22283

DATE

12/6/21

These findings support congestive heart failure as was diagnosed on the previous CXR. No significant effusion is seen in this study, likely indicating improvement with Lasix.

Additional medication recommendations are as below. The mean survival time for cats with CHF is 8-12 months, however most cats are able to maintain a good quality of life on



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medications. Patient will always be at high risk for recurrent episodes of CHF, development of blood clots, malignant arrhythmias and/or sudden death in the future.

SPECIES

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Respiratory therapy is also being administered, and if this has been beneficial it is reasonable to continue; however, there is enough structural disease here to explain the clinical signs.

RECOMMENDATIONS

BREED

DMH

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- Once patient is stable on room air, discharge on: furosemide 1-2mg/kg PO q12h.
- Institute Pimobendan 1.25mg PO q12h (off label use).
- Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges and should be coated in entirety or administered in a gel cap).
- If respiratory therapy has been beneficial, reasonable to continue; otherwise no obvious indication.
- Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home. Avoid steroids and fluid therapy unless absolutely necessary in the future.

PLAN

WEIGHT

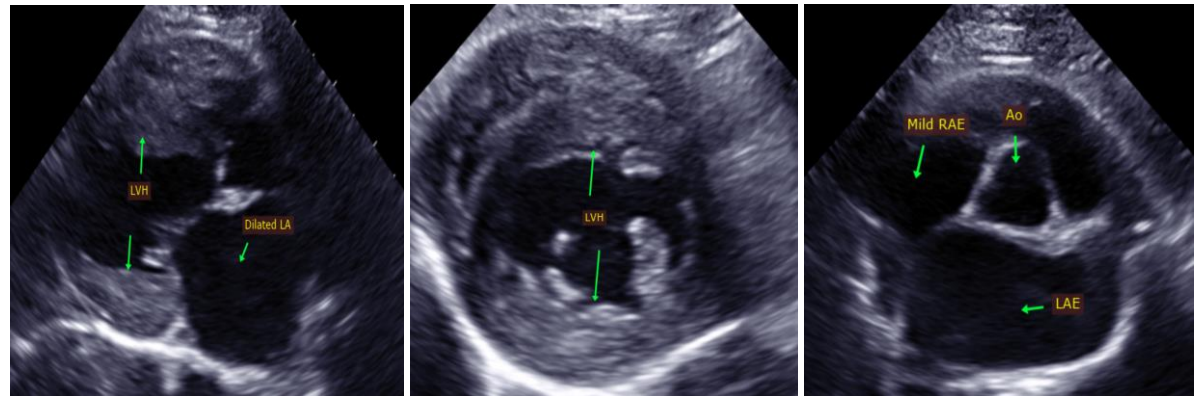
16.8lbs

- Monitor renal values and BP in 1-2 weeks, then every 4-6 months lifelong.
- A recheck echocardiogram is recommended in 6 months to assess for progression.

IMAGES

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 DACVIM (Cardiology)



IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

HOSPITAL NAME

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 Medical Center

REFERRING VET

Dr. Doyon

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.

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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.

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