


PATIENT

Rascal Abbott

PRESENTING CLINICAL SIGNS

History: Grade 3-4/6 heart murmur.

SPECIES

Feline

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
 Cardiomegaly with increased sternal contact. No obvious CHF.

BREED

DLH

SEX

Male Neutered

AGE

13 years

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderate to severely hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is moderate papillary muscle hypertrophy and remodeling. Adequate systolic function. The left atrium is moderate to severely dilated with a horizontal component. No obvious smoke or thrombi seen. The right atrium is normal. The right ventricle appears normal. The mitral valve is normal, with normal mobility. No evidence of systolic anterior motion. There is no obvious mitral regurgitation present. There is no obvious tricuspid regurgitation. Blood flow through the LVOT is normal in velocity. Blood flow through the RVOT is mildly elevated with a dynamic profile. Small volume pericardial effusion. No obvious pleural effusion seen. No obvious cardiac masses.

CARDIAC CHART
WEIGHT

9.2lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

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	4.2	250	0.79	1.1	0.74	50	86
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	1.6	1.8	1.8		1.3	2.0	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.

HOSPITAL NAME

 The Collegeway
 Animal Hospital

REFERRING VET

Dr. Hanna

INVOICE

27835

DATE

12/6/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis for LV hypertrophy once a patient is confirmed euthyroid and normotensive. Given the severity of what is seen here, primary disease is suspected although contributing factors should be considered. The left atrium is moderate to severely enlarged. indicating high risk for spontaneous CHF and/or blood clot events. Additionally, there is small volume pericardial effusion noted which is most consistent with congestion. PCE in cats with CHF rarely requires removal and diuretic therapy is certainly warranted. Finally, the murmur is benign in origin due to a dynamic RVOT obstruction.

Immediate full lifelong cardiac supportive medications are recommended as below. If the patient is or becomes tachypneic, a dose of injectable Lasix may be helpful (2mg/kg) +/-



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recommend referral for overnight supportive care/oxygen therapy. An arrhythmia is noted on exam and a baseline ECG is strongly recommended.

SPECIES

Feline

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 medications. Patient will always be at high risk for recurrent episodes of CHF and development of blood clots in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

BREED

DLH

Avoid anesthesia, steroids and fluid therapy unless absolutely necessary in the future.

SEX

Male Neutered

PLAN

Screening BP/T4. Consider injectable Lasix dose/hospitalization if indicated. Administer Lasix 1-2mg/kg PO q12h. 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 administer in a gel cap). Institute Pimobendan 1.25mg PO q12h. An ECG is strongly recommended.

AGE

13 years

Monitor renal values, BP and effusion status in 1-2 weeks. If normotensive and doing well at that time, reinstitute vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h. Monitor BP and renal values every 3-4 months lifelong.

WEIGHT

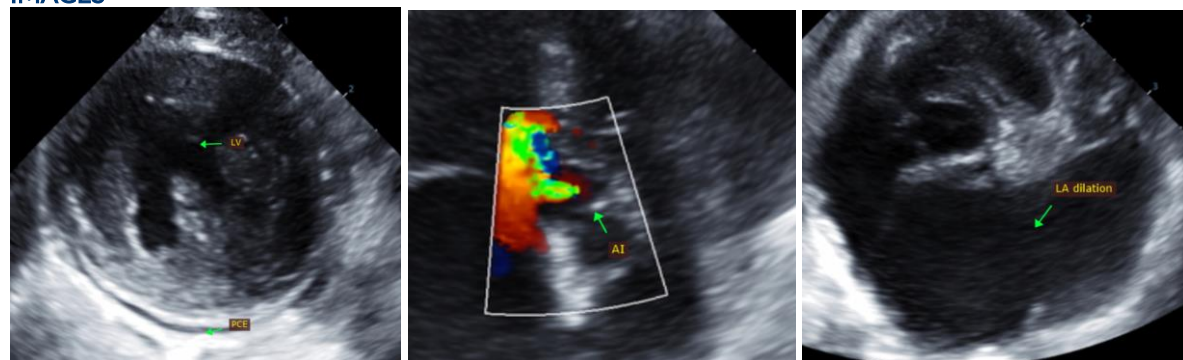
9.2lbs

A recheck echocardiogram is recommended in 4-6 months to assess progression.

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGES



IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

The Collegeway
Animal Hospital

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.

REFERRING VET

Dr. Hanna

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.

INVOICE

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