

PATIENT

Fiona Aguilar

PRESENTING CLINICAL SIGNS

History: Grade V/VI murmur, increased RR. Current meds: Enalapril 5mg, Furosemide 12.5mg
*In oxygen

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS *Limited exam due to patient instability

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is markedly increased in dimension with obliteration of the chamber, although axis is tilted. Possible narrowing of the LVOT although outflow velocity unable to be assessed. There is a mildly hyperechoic endocardium consistent with fibrosis. The left atrium is markedly dilated. No obvious smoke. Trace central MR. The right atrium is severely dilated. No obvious smoke. Trace central TR. Scant pericardial effusion seen. Moderate pleural effusion. No obvious cardiac tumors.

BREED

DSH

SEX

F

CARDIAC CHART

AGE

1 year

WEIGHT

7.8 lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	3.5	NM	1.1	0.8	1.1	>50	NM
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	NM	2.5	2.2		NM	NM	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.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is suspected, with marked LVH and biventricular involvement. An outflow tract obstruction (such as subaortic stenosis) is possible, although marked LVH with poor cardiac output can also have this appearance. Follow up is advised once the patient is stabilized as the image set is limited due to patient instability. Regardless of categorical classification, this reflects end-stage congenital disease with development of bicavitory effusion/CHF.

Given these findings, continued hospitalization for supportive care is recommended. A thoracocentesis should be performed if able, as the patient is reportedly unstable. Consider referral for overnight care and further monitoring. If able to be stabilized, mean survival time once CHF is diagnosed is typically 8-12 months, making this cat unfortunately a poor to grave prognosis. Our goal is to stabilize the situation for the short-term; however, there is high risk for sudden death going forward.

HOSPITAL NAME

Summit Dog and Cat Hospital

REFERRING VET

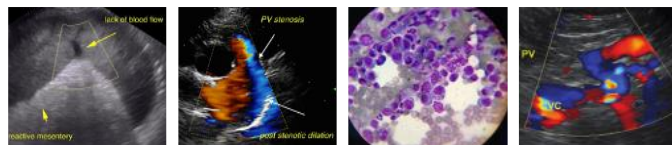
Dr. Lepkowski

INVOICE

227852

DATE

12/7/22



PATIENT

Fiona Aguilar

SPECIES

Feline

BREED

DSH

SEX

F

AGE

1 year

WEIGHT

7.8 lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

Dr. Lepkowski

INVOICE

227852

DATE

12/7/22

PLAN

Immediate therapeutic thoracocentesis. Baseline ECG and BP are recommended. Consider referral for hospitalization. In hospital: Supportive care through oxygen support, monitoring renal values, IV Lasix therapy (bolus or CRI) and oral medications.

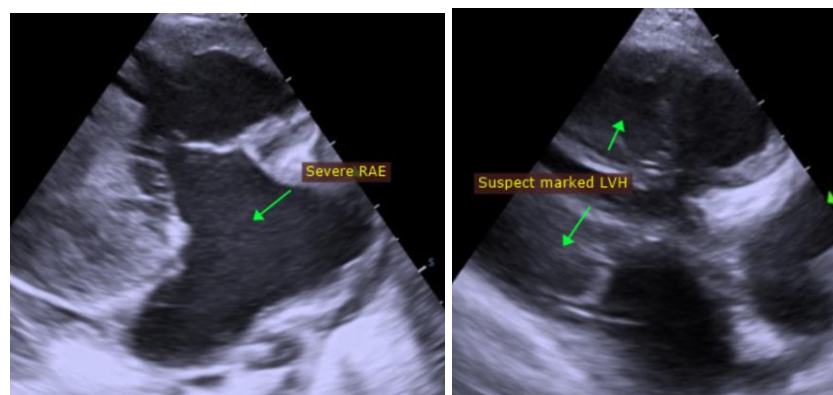
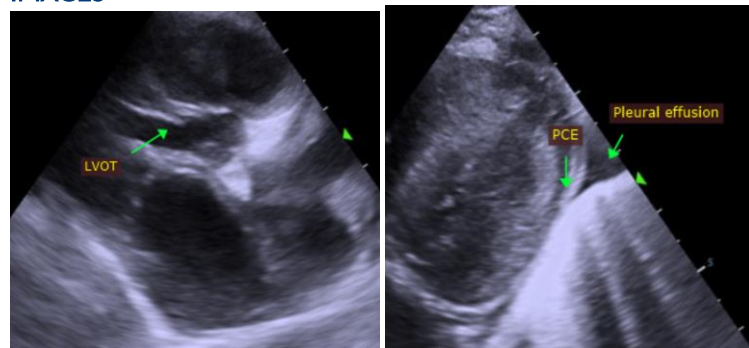
Discharge on oral medications: Institute Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety). Lasix 1-2mg/kg PO q8h for 3 days, then decrease to q12h if doing well. Institute Pimobendan 1.25mg PO q12h.

Once stabilized/discharged, recheck renal values and BP in 10-14 days, then every 3-4 months lifelong. Once deemed normotensive with a BP >130mmHg doing well and able to be easily medicated, consider addition of an ACEI 0.5mg/kg PO q12h.

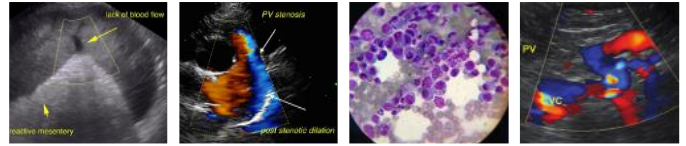
Once the patient is stabilized, a full echocardiogram is recommended to confirm the diagnosis and ensure no additional therapy is warranted (such as atenolol).

Recheck echocardiogram in 6 months once stable on oral medications to reassess for progression.

IMAGES



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

Fiona Aguilar

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

Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

info@sonopath.com

BREED

DSH

SEX

F

AGE

1 year

WEIGHT

7.8 lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

Dr. Lepkowski

INVOICE

227852

DATE

12/7/22