



PATIENT

Oden McCormick

SPECIES

Feline

BREED

Sphynx

SEX

Male Neutered

AGE

6.15.09

WEIGHT

9.62lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Frederick Road
Veterinary Hospital

REFERRING VET

Dr. Flynn

INVOICE

28707

DATE

2.1.23

PRESENTING CLINICAL SIGNS

History: Oden has a history of increased vomiting over the past ~ 2 months, multiple times per week. Exam showed some nodules around multiple nipples, and moderate dental disease, but no obvious cause for the vomiting. I/D helped initially, but the vomiting returned after a couple of weeks.

-Pertinent abnormal PE/Chem/CBC/UA Results: mild anemia, proteinuria, elevated ProBNP; FNA of nipple nodules showed inflammatory changes

-Current medications: None listed.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results: No previous.

-STAT: Not requested

-Imaging performed by: Stephanie Warga RDCs, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is decreased in dimension. The LV chamber is increased with increased sphericity. Mild systolic dysfunction. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are asymmetric and irregular. The endocardium also appears remodeled. The left atrium is mild to moderately dilated. The mitral valve is normal in structure and mobility. Trace MR. The right atrium is normal. The right ventricle is normal. No TR. Blood flow through the LVOT and RVOT are 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) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LWVd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.4	NM	0.33	2.0	0.30	32	60
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	1.5	1.4		1.1	0.7	NM

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

Restrictive/unclassified cardiomyopathy (R/UCM) is suspected. This diagnosis is based upon left atrial and ventricular dilation with remodeling and fibrosis of the endocardium and LV dysfunction. Fortunately, with only mild to moderate left atrial dilation indicates the risk for complication is relatively low, however there is high risk for progression going forward. No additional issues are identified.

Given mild/moderate atrial dilation, it may be reasonable to institute cardiac supportive Pimobendan in this case (off label use). If this cat is difficult to medicate, an alternative would be to monitor closely for progression in the next 6 months. No additional medications are indicated at this time. With any further atrial dilation, Plavix and potentially an ACEI can be considered. Many cats with cardiomyopathy will remain occult/asymptomatic for extended periods of time, however there is a subset that will experience more rapid progression to clinical signs in the first few years after diagnosis. Prognosis is guarded.

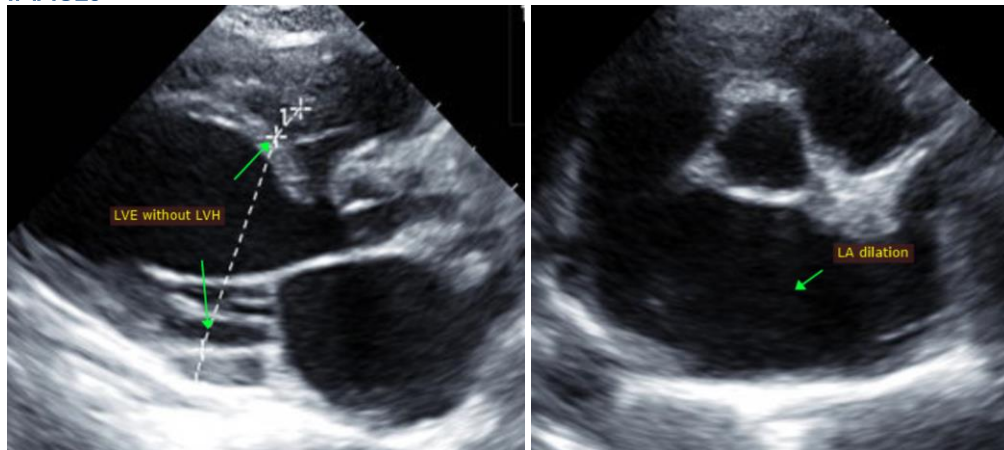
Anesthetic risk is considered moderately elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol would include opioid/benzodiazepine pre-medication, propofol induction, isoflurane gas. Avoid steroids if possible.

PLAN

Consider Pimobendan as discussed: 1.25mg PO q12h. Baseline BP recommended.

Recommend recheck echocardiogram in 6 months to assess for progression and need for medications, sooner if clinical signs arise.

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.

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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com