



PATIENT

Sebastian Vosburg

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

7 months

WEIGHT

5.1lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

East Credit Veterinary
Hospital

REFERRING VET

Dr. Webster

INVOICE

28697

DATE

2/1/23

PRESENTING CLINICAL SIGNS

History: From shelter in Sept. Always quieter and smaller than house mate. Grade 2/6 murmur heard in November and again today. Last few weeks has been quieter, less active, increased resp effort. Radiographs suspicious for pleural effusion straw colored fluid sampled from chest.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The LV is normal in dimension with adequate function. The left atrium is normal. No mitral regurgitation. The right atrium is moderately dilated without spontaneous contrast. The right ventricle is mildly dilated with mildly increased wall thickness. Mild tricuspid regurgitation. The MPA is not extensively visualized; however, no obvious enlargement is seen. The pulmonic valve is normal with a normal max velocity. Blood flow through LVOT is normal in velocity. Pockets of pleural effusion. The vena cava can be seen and does appear dilated. Scant pericardial effusion seen.

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	2.3	150	0.45	1.6	0.44	59	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	1.3	1.3	1.1		1.0	1.1	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Significant right-sided congenital heart disease is present with moderate RA and RV dilation. The exact underlying pathology cannot be determined in this study; however, there is concern for a cardiogenic origin for the effusion. The vena cava appears distended assuming anatomic location is confirmed. The left heart appears largely normal, with no pathology seen. Given the young age of the patient and lack of definitive diagnosis, **highly recommend immediate referral to a local Cardiologist once stabilized. Stabilization should include Lasix, a thoracocentesis, and reassessment of films once the fluid is removed.**

Regardless of categorical classification, the finding of right heart enlargement would suggest effusions are certainly cardiac in origin consistent with right-sided CHF. Immediate lifelong cardiac supportive medications are warranted as below. If the patient appears unstable or experiences any further decline at home, hospitalization for stabilization and supportive care may be necessary.



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The mean survival time for cats with CHF is <12 months, however most are able to maintain a reasonably good quality of life on medications. There will always remain risk for recurrent episodes of CHF, malignant arrhythmias and/or development of further 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.

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PLAN

Continued stabilization as discussed with repeat thoracocentesis and institution of medications as follows: Institute oral diuretic Lasix 1-2mg/kg PO q12h (tablets or consider liquid suspension 10mg/ml). Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges; coat in entirety or place in a gel cap). Institute off label Pimobendan 1.25mg PO q12h. Highly recommend referral to a local Cardiologist as discussed once stable.

Recheck renal values/BP in 10-14 days to ensure tolerance of medications. If patient is doing well at home, is able to be easily medicated and BP >130mmHg, institute ACEI 0.5mg/kg PO q12h at this time.

If referral is declined, a recheck echocardiogram is recommended in 4-6 months to assess progression, sooner if clinical issues arise in the interim.

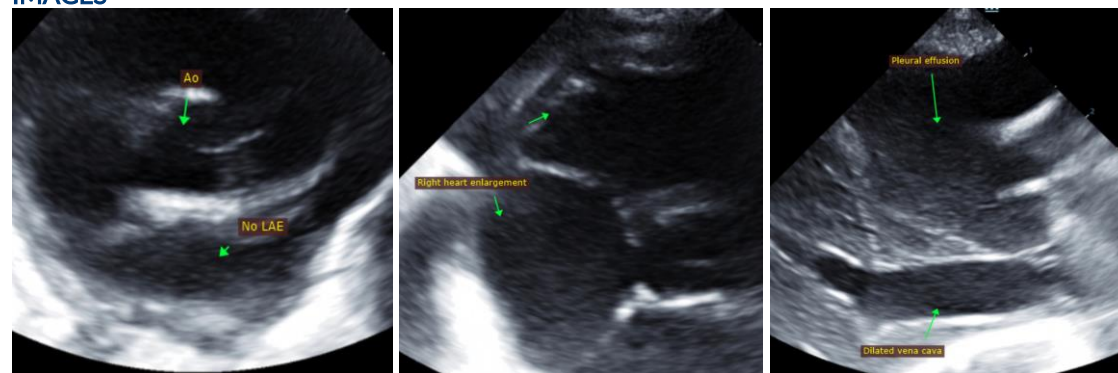
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Webster

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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