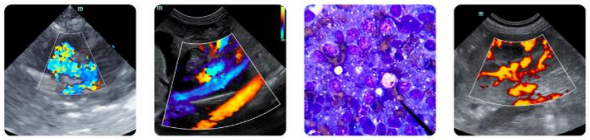

PATIENT

Oberon Coate

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

15 years

WEIGHT

14.1lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Kelly Romero, DVM

HOSPITAL NAME

FC Veterinary Emergency Hospital

REFERRING VET

Countryside

INVOICE

46815

DATE

2/12/26

PRESENTING CLINICAL SIGNS

History: Depressed, uncomfortable in abdomen and vomited (suspect from constipation based on CXR). Was then panting and uncomfortable. History of early renal disease. After presentation to ER, treated in O2 and with three 1mg/kg furosemide doses IV. Weaned off O2.
-Abnormal PE/Chem/CBC/UA Results: BUN and creat now 57 and 2.9 after the Furosemide. T4 1.8. CXR showed moderate cardiomegaly. Moderate to severe, diffuse unstructured interstitial pattern, worse caudodorsally. Scant pleural effusion. BP: (after echo): 177mmHg. Started Pimobendan 1.25mg PO BID and Clopidogrel 75mg ¼ PO daily; continue Furosemide 1mg/kg daily until further guidance.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric, with a mild to moderately hypertrophied septum and borderline free wall. There is a diffusely hyperechoic endocardium consistent with fibrosis. Adequate systolic function. There is papillary muscle hypertrophy and remodeling. The left atrium is severely enlarged. No evidence of intraatrial smoke. The right atrium is mildly enlarged. The right ventricle appears mildly abnormal. The mitral valve is normal, with normal mobility. No evidence of systolic anterior motion. Mild central mitral regurgitation present. There is no significant tricuspid regurgitation. Blood flow through the LVOT and RVOT is normal in velocity. No significant pericardial effusion. Pockets of pleural effusion. No obvious cardiac masses.

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	6.4	NM	0.69Y	1.2	0.60	44	80
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	2.7	2.2	2.0		0.9	0.8	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.

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. Both should be considered in this case as contributing factors. Regardless, the degree of disease is significant with severe left atrial enlargement. This indicates a high risk for spontaneous CHF and/or blood clot events.

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This degree of atrial dilation confirms the effusion is likely due to spontaneous congestive heart failure and lifelong medications are warranted as below. This patient's azotemia before Lasix was utilized is extremely concerning, as concurrent heart failure and renal failure confers a grave prognosis. If removing the fluid and utilizing Lasix does not improve clinical signs we must assume azotemia is the culprit. In this instance or if the values worsen significantly on diuretics euthanasia may have to be considered.

A therapeutic thoracocentesis can be considered in hopes of enabling a lower dose of Lasix to be effective (although volume is small>. The mean survival time for cats with CHF is <8-12 months, however most are able to maintain a good quality of life on medications if tolerated. In a senior cat with decreased renal function, prognosis is poor to grave as Lasix will likely not be tolerated and this should be considered when deciding course of action.

Going forward, there will always remain 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. Tolerance of medications in older cats is of the highest concern, and blood values must be watched carefully.=

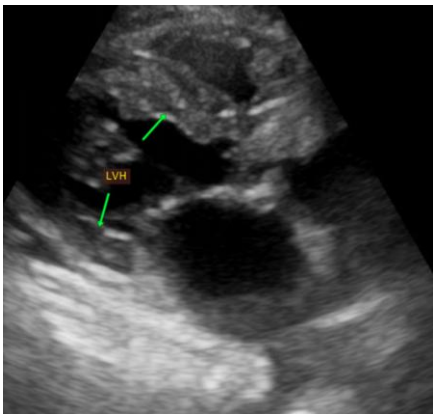
PLAN

Consider hospitalization for supportive care, O2 and diuretic therapy if unstable. Administer Lasix/furosemide 1mg/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). Institute Pimobendan 1.25mg PO q12h (off label use). Do not recommend ACE-I.

Recheck renal values/BP in 7-10 days to ensure tolerance of medications. If any decline In the Interim and azotemia has worsened, euthanasia should be considered.

A recheck echocardiogram is recommended in 6 months to assess 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.

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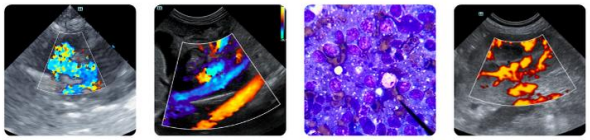

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Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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