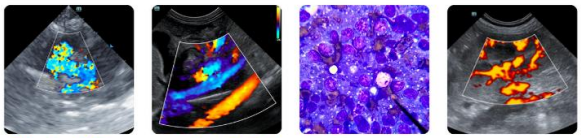


DATE

2.2.26

PATIENT

Klause Alleman

SPECIES

Feline

BREED

Siamese

SEX

MN

AGE

1.19.16

WEIGHT

4.9lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Paradise AH

REFERRING VET

Dr. Pound

INVOICE

46657

PRESENTING CLINICAL SIGNS

History: Recently established care with relief DVM. Concern for weight loss, nasal discharge, evaluation for dental. FIV positive. BCS 2.5/9. Otitis Externa. Hypodontia with severe periodontal disease of remaining teeth (gingivitis, halitosis, heavy calculus, exposed roots). Unkempt haircoat. Grade 3/6 cardiac murmur. HR 200. Prominent R mandibular lymph node. Mildly increased respiratory effort with inspiratory wheeze
-Pertinent abnormal PE/Chem/CBC/UA Results: Total protein 8.7, Albumin 2.5, Globulin 6.3, AST 108, ALP 89, T4 1.3, RBC 4.44, HCT 19.1, Monocyte 756, Eosinophil 49, BNP 1359.
-CXR: moderate bronchial pattern with possible consolidation in left caudal lung lobe. Subjective cardiomegaly with increased sternal contact and possible left atrial enlargement. Subjectively enlarged liver.
-Current medications: Triz Ultra/ketoconazole/enrofloxacin ear flush q12h, Gabapentin 15mg PO q8-12h, Doxycycline 25mg PO q24h
-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 normal in dimension. The LV chamber is mildly increased with increased sphericity. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled. The LV systolic function is adequate. The left atrium is significantly dilated and bulbous in appearance with a horizontal component. No spontaneous contrast visualized. The right atrium appears normal. The mitral valve appears mildly thickened with trace central MR. The TV appears normal with no TR. Blood flow through the LVOT and RVOT are normal in velocity. No pericardial or pleural effusion. No obvious cardiac tumors.

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	2.2	NM	0.52	1.8	0.52	66	95
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	1.8	1.8		1.3	0.9	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

The finding of severe left atrial enlargement in the face of normal LV wall thickness with mild LV dilation is most consistent with Unclassified Cardiomyopathy; however, other category classifications cannot be ruled out. No hypertrophy is seen, ruling out typical hypertrophic disease. The right heart appears normal, and no additional Issues are identified.

Regardless of categorical classification, what is seen here is severe and puts the patient at exceedingly high risk for CHF. Consider lifelong supportive medications as below, including low-dose diuretic therapy even without documented CHF. Concurrent asthma will complicate screening for CHF at home, if this is confirmed on the CXR. Continued treatment for possible respiratory disease should dictated by the CXR report.

The mean survival time for cats with severe disease is <1 year; however, most are able to maintain a good quality of life on medications if tolerated.

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.

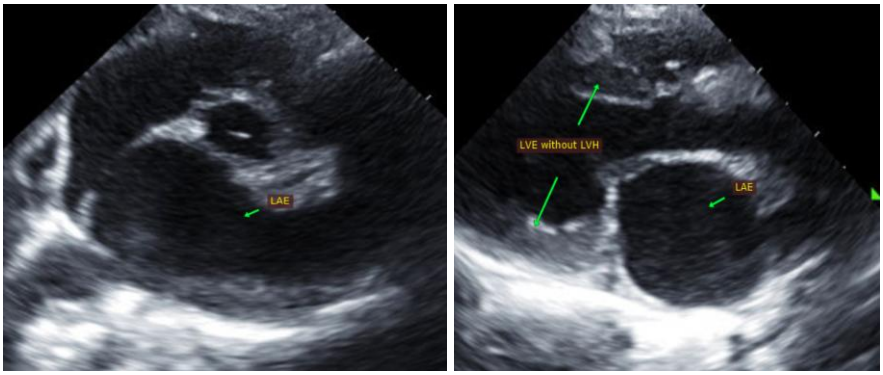
PLAN

Baseline BP is recommended. Institute low dose Lasix 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). If able to adequately medicate, institute ACE-I 0.5mg/kg P{O q12h. Continue respiratory therapy is warranted.

Monitor renal values and BP in 1-2 weeks then every 3-4 months lifelong.

A recheck echocardiogram is recommended in 6 months to screen 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.

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.

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