


PATIENT

Luna Rankin

PRESENTING CLINICAL SIGNS

History: Grade 4/6 heart murmur. Multiple coughing episodes.

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

6 years

WEIGHT

14.4lbs

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

29197

DATE

2/23/23

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with regions of hypertrophy v regions of thinning/atrophy. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. The right ventricle is subjectively normal in size and morphology. There is severe left atrial enlargement present with no obvious spontaneous contrast present. The mitral valve appears mildly thickened and elongated. The anterior leaflet can be seen prolapsing into the LVOT. The LVOT velocity is elevated with a dynamic profile. The RVOT velocities are normal. Mild mitral regurgitation is present. No pericardial effusion noted. No pleural effusion appreciated.

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	6.5	150	0.76	1.8	0.60	38	70
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	1.77	2.0	1.9		3.6	1.0	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

The presumptive diagnosis and cause of the murmur is mitral valve dysplasia leading to LV hypertrophy and an obstructive LVOT flow pattern. The patient appears to be in the 'burn out' phase indicating regions of atrophy have developed. The MV leaflet is abnormal in appearance and mobility, and does not close appropriately leading to mitral regurgitation. There is severe left atrial dilation, indicating the risk of spontaneous CHF and/or a thrombotic event is currently high. A screening BP is recommended.

In a coughing cat with severe heart disease, early CHF must be considered as a differential. Baseline CXR are recommended. That being said, given the severity of the findings full cardiac support is recommended as below. Atenolol is often used with obstructive disease and may be added in the future. Monitoring of sleeping breathing rates is recommended at home. If the cough persists despite therapy, consider a course of Azithromycin to cover all bases.



PATIENT

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Going forward, there is high risk for CHF, development of malignant arrhythmias, and/or blood clot events. Overall prognosis is guarded to poor, however most cats can maintain a good QOL for some time on medications. This patient will be at high risk for fluid overload if indicated in the future. Anesthesia is not advised.

SPECIES

Feline

Plan: A screening BP/CXR. Institute Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety). If BP >130bpm, administer ACE-I 0.5mg/kg PO q12h. Institute Lasix/furosemide 1-2mg/kg PO q12h.

BREED

DSH

Recheck echocardiogram in 6 months to reassess underlying structural disease and assess the need for atenolol.

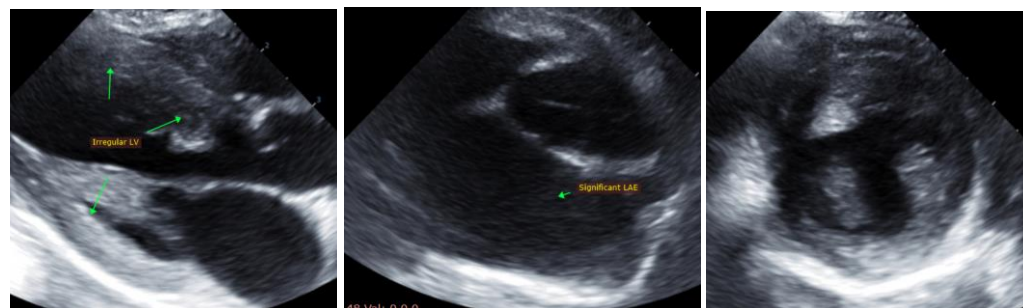
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IMAGES

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Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

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.

IMAGING PERFORMED BY

Kelly Reschny, RVT

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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