

PATIENT

Blynken Ross

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

8.5 years

WEIGHT

11.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Amanda Lacey,
SDEP

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. Hayes

INVOICE

22796

DATE

2/24/22

PRESENTING CLINICAL SIGNS

History: Acute onset overnight of respiratory distress. Presented with rales, cyanosis and hypothermia. No apparent murmur, none on last several exams. Lost 2# since last exam 1.5 years ago. Strictly indoor cat. Other cats OK.

-Sedation: IV furosemide, IV butorphanol given on presentation.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only. A single lateral chest radiograph is included. Cardiomegaly with CHF.

ECHOCARDIOGRAM FINDINGS *limited exam due to patient instability

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied with regions of remodeling. There is a diffusely hyperechoic endocardium consistent with fibrosis. The systolic function is mildly decreased. The papillary muscles are mildly remodeled. The left atrium and auricle are markedly dilated and bulbous in appearance. A thrombus is suspected in the left auricle, although this is difficult to confirm from ancillary views. The right atrium is normal. Trace mitral regurgitation. Scant pericardial effusion seen. Small pockets of pleural effusion.

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	5.1	NM	0.67	1.45	0.63	35	64
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	2.4	2.2		NM	NM	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 finding of severe left atrial enlargement with only mild hypertrophy is most consistent with Unclassified Cardiomyopathy (UCM); however, burn out HCM can only also have this appearance. The degree of left atrial dilation is severe with systolic dysfunction as well. A thrombus is suspected in the left auricle which is highly concerning for an imminent thromboembolic event. Additionally, scant pericardial and pleural effusion are seen.

The finding of this degree of disease confirms the origin of the effusion/edema is spontaneous congestive heart failure, and lifelong medications are warranted as below. The finding of a clot puts this patient at exceedingly high risk for a thromboembolic event and/or sudden death regardless of medications and this should be expressed to the owner (monitor for neurologic change, acute paralysis/lameness, etc.). Referral to a specialty facility should be offered, as



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heparin therapy is also warranted. If able to be stabilized, the prognosis is poor to grave, with a mean survival time for cats with CHF <6 months, however most are able to maintain a good quality of life on medications if stabilized. 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.

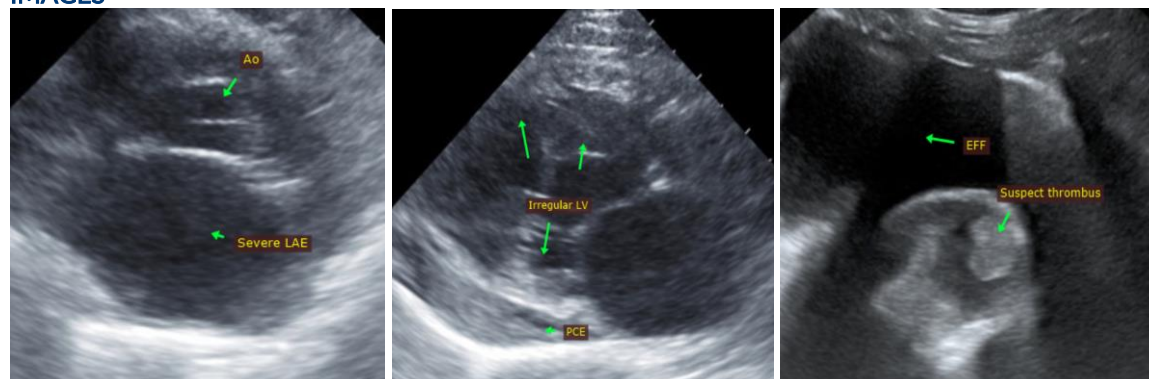
PLAN

Consider hospitalization, referral etc as discussed. Oral medications: Furosemide 1-2mg/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 (off label use) 1.25mg PO q12h. Institute spironolactone 1-2mg/kg PO q12h. Do not utilize an ACEI in this case.

Recheck renal values/BP in 10-14 days, then every 4-6 months lifelong to ensure tolerance of medications.

A recheck echocardiogram is recommended in 4-6 months to assess 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.

Maggie Machen Lamy, DVM
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