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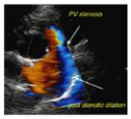
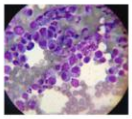
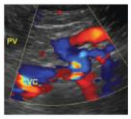
SVS IMAGING

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT

Murphy France

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

10 years

WEIGHT

16lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Garro

INVOICE

22810

DATE

2/24/22

PRESENTING CLINICAL SIGNS

History: Hind limb weakness, ataxia. Not able to stand up on his own, but when he is up he is able to walk. His back end will give out at some times. Progressive heart murmur. Rule out thromboembolism.
-Current medications: Prednisolone and Cefpodoxime

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with regions of borderline hypertrophy. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. Remodeled mildly papillary muscles. The left atrium is moderately dilated and bulbous in appearance. No obvious spontaneous contrast. The right atrium is moderately dilated. Mild TR. Normal velocity. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Moderate eccentric MR. Blood flow through the RVOT and LVOT are normal in velocity on doppler; however, color flow suggests an intermittent LVOTO. No PI or AI. No effusions or obvious cardiac tumors identified.

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	7.3	200	0.47	1.5	0.52	41	77
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	2.3	1.9		1.3	0.9	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 biatrial enlargement in the face of normal LV wall dimensions is most consistent with Unclassified Cardiomyopathy; however, burnout HCM can also have this appearance. Serial echocardiography will be necessary to determine progression; however, this degree of atrial dilation is highly concerning for development of clinical signs going forward. Moderate mitral and mild tricuspid regurgitation are noted, which may contribute to murmur origin. An intermittent LVOTO is also suspected. No additional issues are identified.

These findings may support a cardiogenic thrombus as the cause of recent hind limb weakness. This is difficult to prove or disprove; however, and covering all bases is recommended. Consider ancillary causes such as neurologic or orthopedic issues. Regardless, use of Plavix is certainly indicated if able to be medicated. Additionally, Pimobendan (off label use) is reasonable as well with an ACEI if blood pressure is >130mmHg. It is important to note however that no medications have been shown to change the course of disease prior to CHF.

PATIENT

Murphy France

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Unfortunately, with this degree of atrial dilation prognosis is guarded long term. Patient will always be at risk for progression to CHF, development of blood clot events and/or sudden death in the future.

Elective anesthesia is not advised.

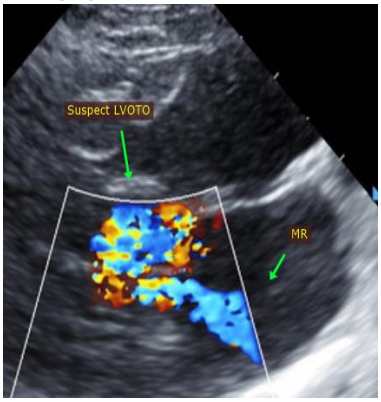
Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change).

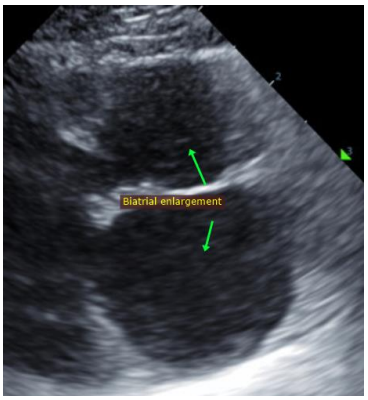
PLAN

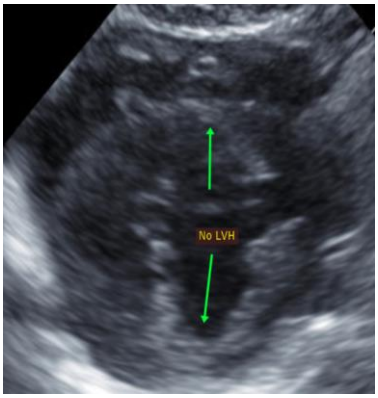
Consider institution of medications as follows: Institute Plavix 18.75mg PO q24h (NOTE: Medication is bitter along the cut edge; coat in entirety). Institute Pimobendan 1.25mg PO q12h. Baseline BP; if >130mmHg and able to medicate institute ACEI 0.5mg/kg PO q12h. Consider ruling out ancillary causes of hind limb weakness, such as neurologic or orthopedic disease.

A recheck echocardiogram is recommended in 6 months to screen for progressive atrial dilation.

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. 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)
info@sonopath.com