



PATIENT

Shimmer CRAN

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

~5-10 years

WEIGHT

8lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Four Corners
 Veterinary Clinic

REFERRING VET

Dr. Dull

INVOICE

29292

DATE

2/28/23

PRESENTING CLINICAL SIGNS

History: Rescue cat; unknown history. Assess prior to anesthesia. BP: 126mmHg. Sedated with Gabapentin.

-Radiographs: Cardiomegaly. VHS=8.8, bronchial pulmonary pattern.

-Abnormal PE/Chem/CBC/UA Results: ProBNP: Abnormal. Mildly anemic: RBC=6.43, HCT=29.3%, Hbg=9.2 slightly elevated BUN=37, normal Crea=1.3, normal SDMA=13, USPG=1.042 slightly elevated Glob=5.3 T4=1.4.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 130bpm (range 115-142bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P morphology is positive. The QRS is inverted. No ectopic beats, pauses or dysrhythmias observed. ECG diagnosis: Normal sinus rhythm, presumably secondary to mild sedation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with mild LV dilation. The systolic function is borderline. There is a mildly 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. Moderate TR. Normal velocity. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trace MR. Blood flow through the RVOT and LVOT are normal in velocity. No PI or AI. No effusions or obvious cardiac tumors identified.

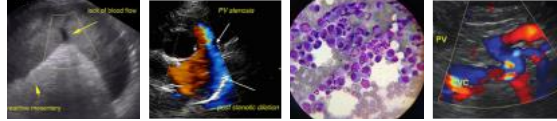
CARDIAC CHART

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	3.6	NM	0.53	1.79	0.53	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	1.5	>1.6	NM			0.7	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 thickness is most consistent with Unclassified Cardiomyopathy. The LV is mildly dilated with borderline systolic dysfunction. Serial echocardiography will be necessary to determine progression; however, this degree of atrial dilation is highly concerning for development of clinical signs going forward. A significant



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tricuspid leak is noted; however, pulmonary pressures are normal. No additional issues are identified.

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The ECG is most consistent with a normal sinus rhythm, albeit the heart rate is relatively low for a cat in hospital. This is presumably secondary to sedation; however, monitoring is advised.

BREED

DSH

It is important to note that no medications have been shown to change the course of disease at this stage. That being said, due to atrial dilation I would consider institution of Pimobendan (off label use) and Plavix for potential long-term benefit. An ACEI could also be argued; however, a screening BP should be assessed prior to consideration. If the cat is easy to medicate and BP >130mmHg, consider this medication as well for anti-fibrotic benefit. In a rescue cat, an alternative approach would be to simply monitor at home for development of clinical signs.

SEX

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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.

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Anesthetic risk is considered elevated, with high risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor.

WEIGHT

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

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PLAN

If elected, 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 0.625mg PO q12h. Baseline BP; if >130mmHg and able to medicate institute ACEI 0.5mg/kg PO q12h.

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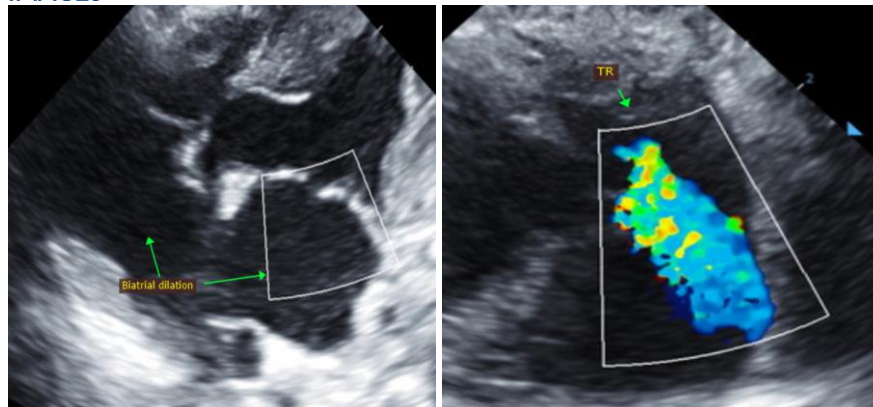
Sara Hansen

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

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 Veterinary Clinic

IMAGES



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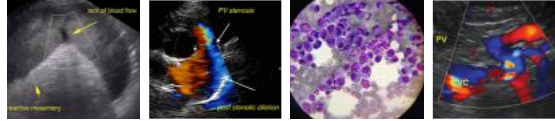
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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