

IMAGING PERFORMED BY

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Clinical Sonography & Telectology

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PATIENT

Cory Duong

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

10.4.06

WEIGHT

9.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Harbor Mobile
Veterinary Clinic

REFERRING VET

Dr. Hawkins

INVOICE

28869

DATE

2.8.23

PRESENTING CLINICAL SIGNS

History: Coughing. PE: no obvious problems or murmur. Just 4 pounds of weight loss in 2 years.

-Pertinent abnormal PE/Chem/CBC/UA Results: Pro BNP around 1000.

-Current medications: None.

-Sedation used: Gabapentin PO.

-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 irregular without significant hypertrophy. The LV chamber is increased with increased sphericity. Moderate systolic dysfunction. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are asymmetric and irregular. The endocardium also appears remodeled. The left atrium is mild to moderately dilated. The mitral valve is normal in structure and mobility. No MR. The right atrium is normal. The right ventricle is normal. No TR. Blood flow through the LVOT and RVOT are normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.3	NM	0.49	1.75	0.49	28	57
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		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	1.6	1.6		0.85	0.62	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

Restrictive/unclassified cardiomyopathy (R/UCM) is suspected. This diagnosis is based upon left atrial and ventricular dilation with remodeling and fibrosis of the endocardium and LV dysfunction. Fortunately, with only mild to moderate left atrial dilation indicates the risk for complication is relatively low, however there is high risk for progression going forward. No additional issues are identified.

Given mild/moderate atrial dilation, it may be reasonable to institute cardiac supportive Pimobendan in this case (off label use). If this cat is difficult to medicate, an alternative would be to monitor closely for progression in the next 6 months. No additional medications are indicated at this time. With any further atrial dilation, Plavix and potentially an ACEI can be considered. Many cats with cardiomyopathy will remain occult/asymptomatic for extended periods of time, however there is a subset that will experience more rapid progression to clinical signs in the first few years after diagnosis. Prognosis is guarded.

Even with disease identified here, this is unlikely to reflect CHF as the cause of the cough. Baseline CXR are strongly recommended to further evaluate.

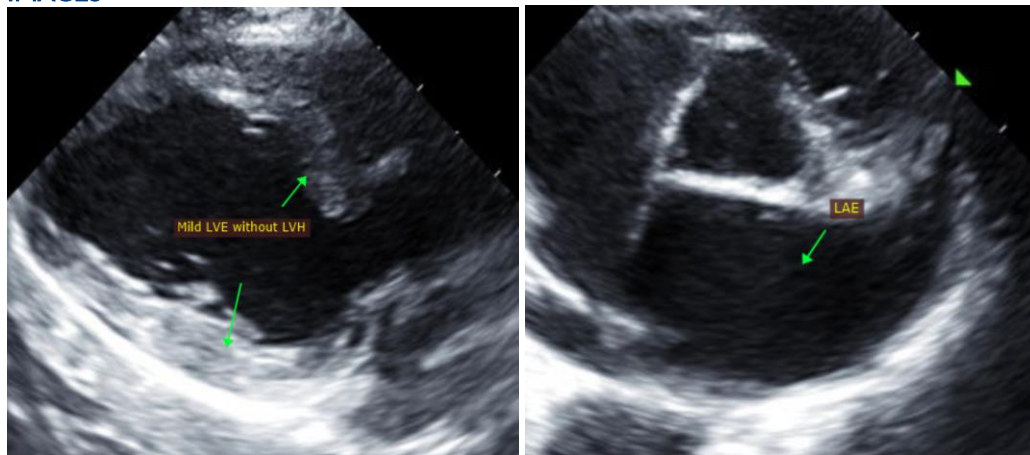
Anesthetic risk is considered moderately elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol would include opioid/benzodiazepine pre-medication, propofol induction, isoflurane gas. Avoid steroids if possible.

PLAN

Consider Pimobendan as discussed: 1.25mg PO q12h. Baseline BP recommended. Consider CXR/further respiratory evaluation.

Recommend recheck echocardiogram in 6 months to assess for progression and need for medications, sooner if clinical signs arise.

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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