



PATIENT

Leo Wilson

PRESENTING CLINICAL SIGNS

History: Acute collapse, hypoxic.

-Current medications: O2 cage, Methimazole 5mg bid, Prozac 2U sq bid

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS *Brief exam due to patient instability.

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is severely increased in dimension with a small LV internal chamber. Adequate systolic function. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is moderate left atrial enlargement present. No obvious smoke. Moderate right atrial enlargement. The right ventricle appears mildly affected. Scant pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors. Rapid rhythm throughout.

BREED

DSH

SEX

Male Neutered

CARDIAC CHART

AGE

17 years

WEIGHT

18.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	8.5	300	0.94	1.0	1.1	53	86
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	1.75	2.1		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.

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Veterinary Hospital

REFERRING VET

Dr. Barron

INVOICE

29298

DATE

3/1/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HCM is a rule out diagnosis once hyperthyroidism and hypertension have been considered. Pseudohypertrophy must also be factored in, particularly given the small internal dimension. Regardless, there is significant pathology seen here with moderate biatrial dilation and scant pericardial effusion.

The most concerning finding in this case is the **heart rate of >300bpm**. This likely reflects rapid atrial fibrillation, ventricular tachycardia or an alternative tachyarrhythmia. **The importance of a screening ECG cannot be stressed enough. This patient is need of rate control therapy; however, a diagnosis must be made prior to selecting the appropriate medication.** The arrhythmia is the likely cause of the collapse episode and acute decompensation. The patient is extremely unstable and is at high risk for CHF, blood clot and/or sudden death in the near future. Once stabilized, monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

Elective anesthesia is contraindicated.



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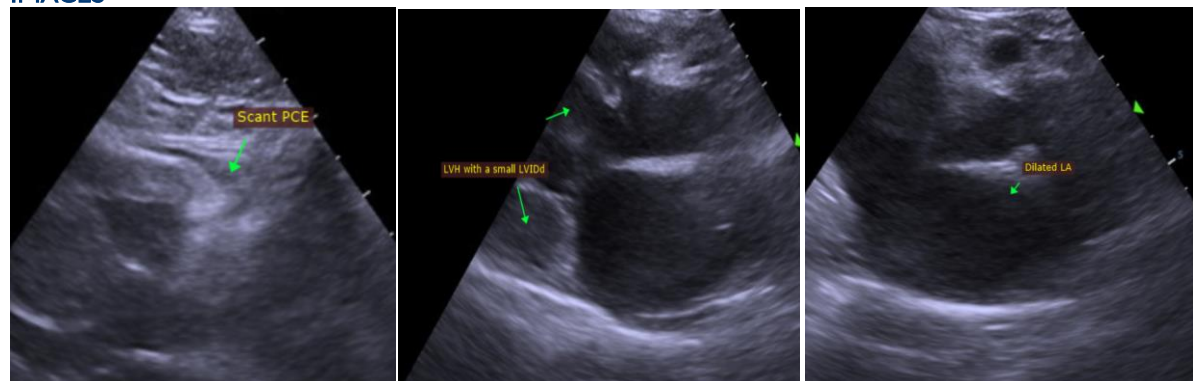
PLAN

ECG strongly recommended to determine what antiarrhythmic therapy is indicated. If this cannot be done at your facility, immediate referral is advised. Institute Lasix 1mg/kg PO q12h. Institute Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety). Institute Pimobendan 1.25mg PO q12h.

Monitor BP and renal values every 4-6 months lifelong.

A recheck echocardiogram is recommended in 6 months to assess for progression, 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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