



PATIENT

Lucy Chin

PRESENTING CLINICAL SIGNS

History: Coughing. Current medications: Furosemide 12.5mg BID.
-CXR report (2/21/22): Cardiomegaly with CHF, including pleural effusion.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal to decreased in dimension with regions of remodeling and irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The LV is mildly dilated with decreased systolic function and evidence of diastolic dysfunction as well. The papillary muscles are mildly remodeled. The left atrium is markedly dilated. No obvious spontaneous contrast; no obvious thrombus. Mild central MR due to annular stretch. The right ventricle is also affected, with diffuse fibrosis and remodeling. Mild RA dilation. Blood flow through the RVOT and LVOT is low normal velocity. No pericardial effusion. Pockets of pleural effusion visualized. No obvious cardiac tumors.

BREED

DSH

SEX

Female Spayed

AGE

5 years

CARDIAC CHART

WEIGHT

12lbs

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	5.4	NM	0.37	1.89	0.35	40	72
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	2.8	2.6		1.0	0.7	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dana Alterman, RDMS, LVT

HOSPITAL NAME

Eubank Animal Clinic

REFERRING VET

Dr. Johnson

INVOICE

23069

DATE

3/14/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of severe biatrial enlargement in the face of normal/decreased LV wall thickness and systolic dysfunction is most consistent with Restrictive Cardiomyopathy (RCM), however some historical infectious or inflammatory insult to the myocardium cannot be definitively ruled out. The left atrial dilation is causing insufficiency of the mitral valve, and systolic dysfunction has developed.

The finding of this degree of biatrial dilation confirms the origin of the tachypnea and effusion is spontaneous congestive heart failure, and lifelong medications are warranted as below. This patient is at high risk for thromboembolic events regardless of medications and this should be expressed to the owner (monitor for neurologic change, acute paralysis/lameness, etc.). **Consider hospitalization for stabilization, oxygen and Lasix therapy.** A thoracocentesis should also be considered due to effusion and instability. The prognosis is **poor to grave**, with a mean survival time for cats with CHF <8-12 months, however most are able to maintain a good quality of life on medications if able to be stabilized. There will always remain risk for recurrent episodes of



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CHF, development of blood clots, arrhythmias, and/or sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

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PLAN

Consider thoracocentesis, hospitalization, oxygen, IV diuretic in hospital until stabilized due to effusion. 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.

BREED

DSH

Once stabilized, eating well at home and BP >130mmHg, consider addition of vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h.

SEX

Female Spayed

Recheck renal values in 10-14 days to ensure tolerance of medications, then every 3-4 months lifelong. A recheck echocardiogram is recommended in 4-6 months to assess for progression.

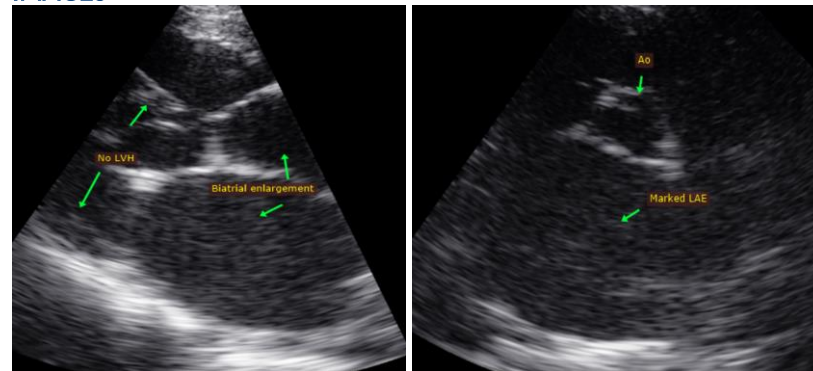
AGE

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IMAGES

WEIGHT

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Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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.

IMAGING PERFORMED BY

Dana Alterman,
RDMS, LVT

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.

HOSPITAL NAME

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