


**PATIENT**

Freddy Preuss

**PRESENTING CLINICAL SIGNS**

History: Presented for abdominal breathing. Grade 3/6 heart murmur. HR 166.

**SPECIES**

Feline

**BREED**

Balinese

**SEX**

Male Neutered

**AGE**

2 years

**WEIGHT**

10lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly thickened in the basilar aspect. Systolic function is depressed. There is a mildly hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. There is severe left atrial enlargement, although the LVOT is poorly visualized. Moderate right atrial enlargement. The mitral valve appears mildly thickened and elongated. An atypical ridge of tissue is seen extended from the LVOT, likely causing an outflow obstruction (not captured on spectral doppler). The RVOT velocities are normal. Mild eccentric mitral regurgitation is present. Normal velocity. No pericardial effusion noted. No pleural effusion appreciated.

**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	4.4	212	0.61	1.5	0.61	33	60
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	2.5	2.4	2.2	1.1	0.83	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 academic diagnosis could be argued in this case. The mitral valve is mildly thickened likely suggesting dysplasia, and an outflow tract obstruction is suspected, although not definitively confirmed in this image set. There is also an atypical ridge of tissue extending from the LVOT, similar to SAS in dogs. Regardless, there is increased flow velocity through the region with secondary MR. The LV wall thickness is only mildly increased with development of dysfunction, likely suggesting an end-stage/burn-out physiology. The RA is also dilated which is not clearly explained in this image set, and may suggest an Unclassified form of disease. Regardless of academic diagnosis, there is severe biatrial enlargement present, indicating the risk of spontaneous CHF and/or a thrombotic event is currently high. A screening BP is recommended, as well as baseline chest radiographs.

In a cat with severe heart disease, early CHF is the likely cause of abdominal breathing. Given the severity of the findings full cardiac support is recommended as below. Atenolol is often used with obstructive disease and may be added in the future; however, given the

**HOSPITAL NAME**

 Parkside Animal  
 Hospital

**REFERRING VET**

Dr. Zak

**INVOICE**

29638

**DATE**

3/16/23



**PATIENT**

Freddy Preuss

burnout appearance this is not indicated at this time. Monitoring of sleeping breathing rates is recommended at home.

**SPECIES**

Feline

Going forward, there is high risk for CHF, development of malignant arrhythmias, and/or blood clot events. Overall prognosis is guarded to poor, however most cats can maintain a good QOL for some time on medications. This patient will be at high risk for fluid overload if indicated in the future. Anesthesia is not advised.

**BREED**

Balinese

**PLAN**

Screening BP and CXR are recommended. If unstable, immediate hospitalization for supportive care is recommended. Institute Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety). If BP >130bpm, administer ACE-I 0.5mg/kg PO q12h. Institute Lasix/furosemide 1-2mg/kg PO q12h. Institute pimobendan (low dose, off label use) 1.25mg PO q12h.

**SEX**

Male Neutered

**AGE**

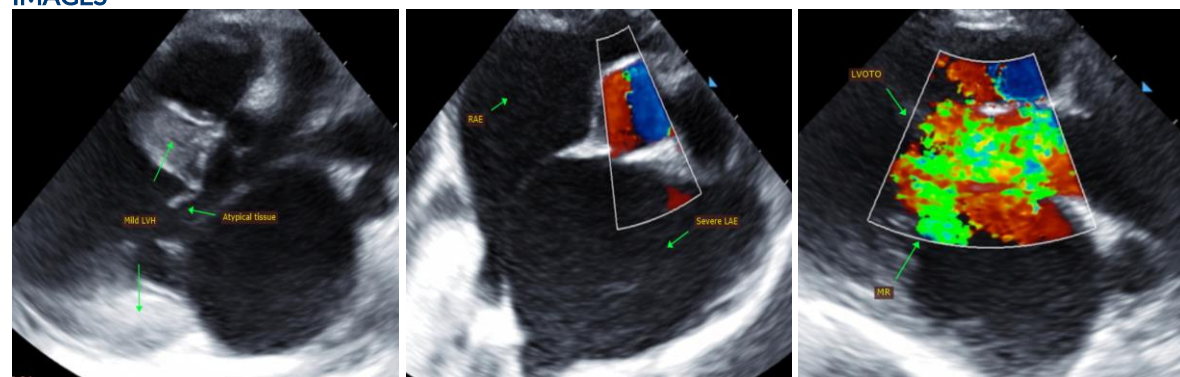
2 years

Recheck echocardiogram in 6 months to reassess underlying structural disease and assess the need for atenolol.

**WEIGHT**

10lbs

**IMAGES**



**INTERPRETED BY**

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**

Kelly Reschny, RVT

**HOSPITAL NAME**

Parkside Animal  
Hospital

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.

**REFERRING VET**

Dr. Zak

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

**INVOICE**

29638

**DATE**

3/16/23