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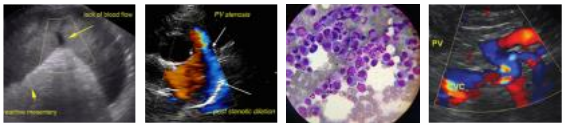


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

**PATIENT**
Tech Burner

**SPECIES**
Feline

**BREED**
DLH

**SEX**
Male Neutered

**AGE**
14 years

**WEIGHT**
8.13lbs

**INTERPRETED BY**
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

**IMAGING PERFORMED BY**
Jenna Walsh, CVT

**HOSPITAL NAME**
Rolling Vet LLC

**REFERRING VET**
Dr. Larsen

**INVOICE**
23175

**DATE**
3/17/22

## PRESENTING CLINICAL SIGNS

History: Presented for breathing changes. CHF suspected. Placed cat on half of baby aspirin every third day, amlodipine 1/4 of 2.5 mg once daily and 10mg furosemide twice daily. Cat was much improved per owner in 3 days.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with diffuse remodeling and fibrosis. The systolic function is normal. The papillary muscles are remodeled. The left atrium is severely dilated and bulbous in appearance. No obvious spontaneous contrast or thrombi. Moderate RA dilation as well. Moderate central MR due to annular stretch. The right ventricle appears also affected, with diffuse fibrosis and remodeling. Mild TR. Blood flow through the LVOT and RVOT is normal in velocity. Scant pericardial effusion. No obvious pleural effusion. No cardiac tumors seen.

## CARDIAC CHART

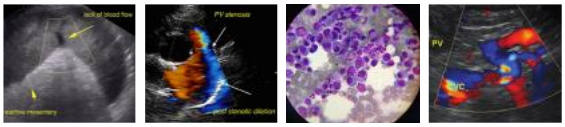
| FELINE CARDIAC PARAMETERS | BODY WEIGHT (kg) | HR (BPM) | IVSd (cm) (Moise, Pipers) | LVIDd (cm) (Moise, Pipers) | LVWd (cm) (Moise, Pipers) | FS (%) | EF (%) |
|---|---|---|---|---|---|---|---|
| NORMAL PARAMETER | ------ | 150-240 | 0.35-0.55 | <2 (mean 1.5) | 3.5-0.55 | 35-67 | 80-100 |
| PATIENT | 3.7 | 250 | 0.56 | 2.0 | 0.56 | 62 | 96 |
| **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 | 1.8 | 2.3 | 2.1 | | 2.1 | 1.0 | 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 severe biatrial enlargement in the face of normal LV wall thickness and intact systolic function is most consistent with Unclassified Cardiomyopathy (UCM); however, some historical infectious or inflammatory insult to the myocardium cannot be definitively ruled out. The biatrial dilation is causing insufficiency of both AV valves. There is no obvious smoke in the left atrium, however this patient is at high risk for thrombus formation regardless.

The finding of this degree of biatrial dilation confirms the origin of the prior tachypnea and current pericardial effusion is spontaneous congestive heart failure, and continued lifelong medications are warranted as below. Plavix has been shown to be more effective than aspirin and if possible, this change should be made. Amlodipine should only be continued if the patient has documented hypertension, which is unlikely given this degree of disease (ie hypotension is common). As an alternative, if a BP can be assessed to be >130mmHg, an ACE-I should be considered for anti-RAAS benefits. Finally, if able to be medicated Pimobendan is recommended as below.





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Even if able to be stabilized, 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 for some time. There will always remain risk for recurrent episodes of CHF, development of blood clots, 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.

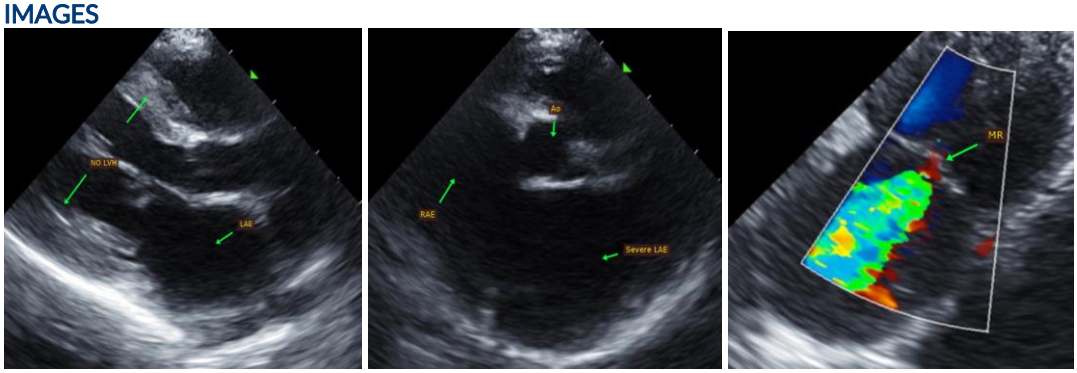
## PLAN

Administer Lasix 1-2mg/kg PO q12h. If possible, discontinue aspirin and 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. Discontinue Amlodipine. If BP is documented >130mmHg in the future, institute ACE-I 0.5mg/kg PO q12h.

Recheck renal values and every 3-4 months lifelong.

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

## 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.

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