



PATIENT

Josie Wolf

PRESENTING CLINICAL SIGNS

History: History of hyperthyroidism well managed on methimazole. UTIs in the past; currently urine culture negative. On exam: tachycardia, hindlimb edema.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

BREED

DSH

Left ventricle: The LV is normal in dimension with adequate myocardial dysfunction. The LV wall thicknesses are borderline normal with regions of asymmetry. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are remodeled and hyperechoic. False tendons.

SEX

Female Spayed

Left atrium: The left atrium and auricle are severely dilated. No obvious thrombi.

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. Mild central MR.

AGE

20 years

Aortic valve/Aorta: The aortic valve is normal. Mildly decreased aortic outflow velocities. Trace aortic insufficiency.

Right ventricle: The right ventricle is dilated.

Right atrium: The right atrium is severely dilated.

Tricuspid valve: The tricuspid valve appears normal. Moderate TR with a normal velocity.

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal. Normal pulmonic outflow velocities. No pulmonic insufficiency.

WEIGHT

5lbs

Pericardium/other: Scant pericardial and pleural effusion noted. Ascites seen on sub-costal views. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 200bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.8
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.45
LVID diastole (cm)	1.5
PW thickness (cm)	0.46
LVID systole (cm)	0.9
FS (%)	42

Doppler Measurements

PV Vmax (m/s)	0.58
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.3
TR PG (mmHg)	22

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

The finding of severe biatrial dilation (RA > LA), without significant LV or RV hypertrophy is most consistent with Unclassified Cardiomyopathy; however, end-stage HCM or some prior infectious or inflammatory insult to the myocardium cannot be ruled out. Regardless, the degree of disease is severe at this time, with severe atrial dilation and active congestive heart failure (CHF) as evidenced by effusions.

HOSPITAL NAME

Wood River Animal
Hospital

REFERRING VET

Dr. Fischer

Immediate diuretic therapy and hospitalization should be considered. Additionally, renal values should be obtained prior to treatment given the advanced age of the patient, as underlying azotemia may be an end point for therapy. If able to be stabilized and medications are tolerated, prognosis is poor long-term, and our goal is maintain/improve quality of life for the short-term.

INVOICE

23178

DATE

3/18/22



PATIENT Josie Wolf
 There will always remain risk for recurrent CHF, development of blood clots, and/or malignant arrhythmias/sudden death in the future. Most cats are able to maintain a good QOL following diagnosis of CHF for an average of <6 months on medications.

SPECIES RECOMMENDATIONS

- Feline
- BREED** DSH
- SEX** Female Spayed
- AGE** 20 years
- Pending clinical stability, consider hospitalization for supportive care, etc.
 - Ideally obtain baseline renal values.
 - Administer injectable Lasix/oxygen therapy as needed until stabilized.
 - Institute Lasix 1-2mg/kg PO q8h for 3 days, then decrease to q12h if doing well.
 - Institute Pimobendan 0.625mg PO q12h (off label use).
 - Institute Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety).
 - Do not use an ACE-I at this time.
 - Elective anesthesia is not advised.
 - Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).
 - Monitor sleeping breathing rate and effort at home as the best way to screen for recurrent congestion.

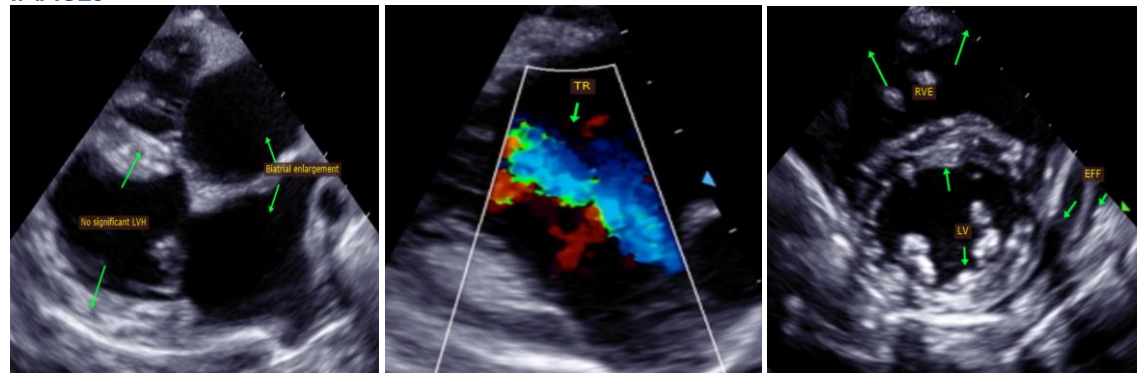
PLAN

- WEIGHT** 5lbs
- Recheck renal values and BP in 10-14 days, then every 3-4 months lifelong. If doing well and BP is >130mmHg, institute ACEI 0.5mg/kg PO q12h.
 - Recommend recheck echocardiogram in 6 months to screen for progression, sooner if clinical signs arise.

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

IMAGES



IMAGING PERFORMED BY

Pamela Harrigan,
 RDMS

HOSPITAL NAME

Wood River Animal
 Hospital

REFERRING VET

Dr. Fischer

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.

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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.

DATE

3/18/22

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