



DATE PRESENTING CLINICAL SIGNS

3.2.26 History: Recheck echo. Doing well.

PATIENT

Blue McDonald

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

5.16.17

WEIGHT

13.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Harborside Mobile VC

REFERRING VET

Dr. Hawkins

INVOICE

47053

-Current medications: 1.25 mg Vetmedin 1/4 tablet Plavix 75mg, 10mg Lasix BID
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results (5/29/25 MML): HCM, end-stage CHF and pleural effusion. LV: 0.71/0.74, FS: 44%, LA: 2.1.
-STAT: Declined at this time.
-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with regions of thinning along the septum contrasting regions of moderate hypertrophy. The posterior wall is hypokinetic. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy. Moderately depressed function. The right ventricle appears normal. There is severe left atrial enlargement present with subtle smoke. The right atrium is moderately dilated. Normal RVOT velocity. No obvious systolic anterior motion (SAM) of the mitral valve present, with a normal LVOT velocity. Trace MR. No TR. No significant pericardial effusion noted. Moderate volume 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.1	NM	0.71	1.3	0.75	30	58
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	2.5	2.1		0.8	0.8	NM

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

Compared to the prior study, the left heart disease is similar yet severe. The LA is severely dilated with subtle smoke and the LV wall thickness similar to previously The LV function has progressively declined, consistent with end-stage disease. Finally, the right atrium does appear enlarged (previously normal), suggesting biventricular disease.

Of great concern, there is pleural effusion present in this image set suggesting an unstable patient. Given that the patient is doing well at home with normal breathing rates, this may simply be this patient's resting state. Regardless, an increase in Lasix is recommended as below in hopes of further stabilizing the situation.

Recurrent CHF does reflect a poor to grave prognosis with an average survival time of <6 months expected. Our goal is to maintain QOL as best we can.

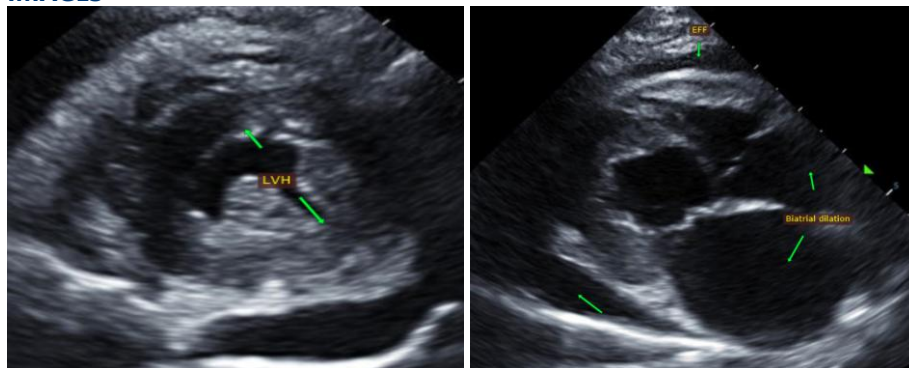
PLAN

Consider a thoracocentesis if necessary. Increase Lasix 12.5mg PO q12h. If able, institute Spironolactone 6.25mg PO q24h. Continue Plavix and Pimobendan as prescribed.

Monitor renal values and BP in 1-2 weeks, then every 3-4 months lifelong. If doing well and BP is >130mmHg, institute ACE-I 0.5mg/kg PO q12h.

A recheck echocardiogram is recommended in 6 months to assess 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