



PATIENT

Rocky Durnin

PRESENTING CLINICAL SIGNS

History: Lethargic, weak, respiratory distress, gallop rhythm,
-Current medications: Furosemide 5mg BID, 2 U glargine BID.
-Abnormal PE/Chem/CBC/UA Results: CBC-normal

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. No LV dilation, adequate function. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are normal. The left atrium is severely dilated and bulbous in appearance. No obvious spontaneous contrast (smoke) seen. The RA is mildly increased in size. The right ventricle is normal. The mitral valve is normal in structure and mobility. Mild central MR. Blood flow through both the LVOT and RVOT is normal in velocity. No significant TR. Scant pericardial effusion. Large pockets of pleural effusion seen. No obvious cardiac tumors.

BREED

DMH

SEX

Male Neutered

AGE

18 years

CARDIAC CHART

WEIGHT

9.6lbs

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	4.37	240	0.51	1.55	0.49	42	80
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	1.9	1.9	1.84		1.4	0.9	NM

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

**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.

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

New Hamburg
Veterinary Clinic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of biatrial dilation in the face of normal LV wall thickness and adequate systolic function is most consistent with Unclassified Cardiomyopathy (UCM), however some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. There is small volume MR, which is likely secondary to annular stretch. There is normal wall thickness, ruling out typical hypertrophic disease. No additional issues are identified.

REFERRING VET

NP

Regardless of categorical classification, the patient has progressed to congestive heart failure (CHF) as evidence by pleural and pericardial effusion. An immediate thoracocentesis may be necessary to stabilize the patient, depending on clinical signs. Lifelong cardiac support and anti-coagulation is recommended as below, including off-label use of Pimobendan. Referral for 24-hour supportive care should be considered if the patient is or becomes unstable. Tolerance of medications is of the up-most importance in a geriatric cat and a baseline renal panel must be assessed.

INVOICE

23221

DATE

3/22/22



PATIENT

Rocky Durnin

Assuming the patient is able to be stabilized, there will always remain risk for recurrent CHF, development of blood clots, and/or malignant arrhythmias/sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent/impending CHF at home.

SPECIES

Feline

PLAN

Consider thoracocentesis. Consider referral for hospitalization. Baseline renal panel recommended. Oral medications: Institute Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety). Institute Lasix 1-2mg/kg PO q8h for 3-5 days, then if doing well decrease to q12h. Institute Pimobendan at 1.25mg PO q12h.

BREED

DMH

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Male Neutered

Recheck renal values and BP in 10-14 days, then every 3-4 months lifelong. Once deemed normotensive and doing well at home, consider addition of an ACEI 0.5mg/kg PO q12h. Monitor at home for any progressive labored breathing and/or signs of clot recurrence (limb paralysis, neurologic changes, etc.).

AGE

18 years

Recheck echocardiogram in 6 months once stable on oral medications to reassess for progression.

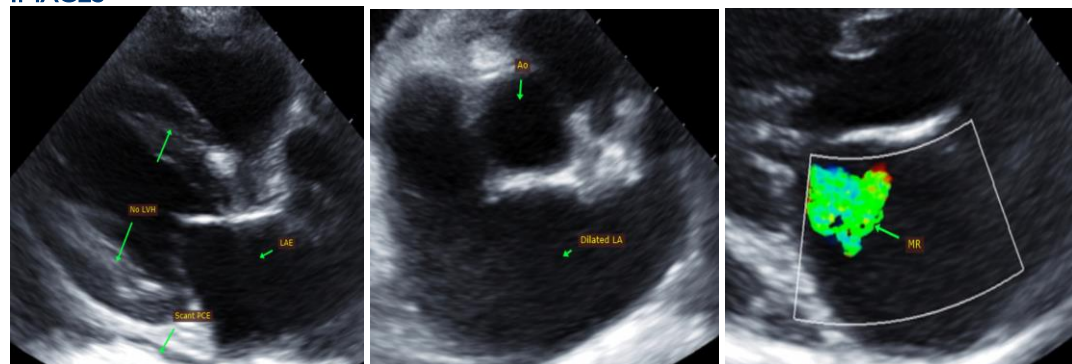
WEIGHT

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IMAGES

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IMAGING PERFORMED BY

Kelly Reschny, RVT

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.

HOSPITAL NAME

New Hamburg
Veterinary Clinic

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

NP

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