



PATIENT

Bella Cardia

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

5 years

WEIGHT

13.72lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Westwood Regional
Veterinary Hospital

REFERRING VET

Dr. Hartwick

INVOICE

29773

DATE

3/22/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of a heart murmur, grade II/VI. Asthma. Chronic cough. Presented on emergency for respiratory distress. 2/23. Radiographs: pulmonary edema, cardiac silhouette. Crackles, elevated RR. home with aorocat/albuterol + Lasix. Recheck rads on 3/7/23: still airbroncherus/infiltrates vs edema/crackle/grade II/VI murmur. Improved respiratory but lethargic. Also, sneezes + serious nasal discharge.
-Current medications: Albuterol 110mg x 2 puffs BID, Lasix 12.5mg x 1/2 BID.
-Abnormal PE/Chem/CBC/UA Results: Hyperglycemia (urine (-) for glucose) all else normal. SG 1.030.
-Pertinent previous echo findings (12/2019): HCM, LVH

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied and remodeled. The LV systolic function is normal. The left atrium is marked dilated and bulbous in appearance with a horizontal component. Subtle spontaneous contrast visualized. The right atrium appears normal. The mitral valve appears mildly thickened with moderate eccentric MR. The TV appears normal with no TR. Blood flow through the LVOT and RVOT are normal in velocity. No pericardial or pleural effusion. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LWVd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.2	180	0.61	1.67	0.62	47	82
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	2.6	2.7	2.0		1.0	0.8	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of severe left atrial enlargement in the face of only mild LV hypertrophy is most consistent with end stage or burnout Hypertrophic Cardiomyopathy; however, an Unclassified Cardiomyopathy (UCM) or some prior infectious or inflammatory insult to the myocardium are also possible. There is also a significant mitral regurgitation present, which was not mentioned in the previous history. This can also contribute to left atrial enlargement. The right heart appears normal, and no additional issues are identified.

Regardless of categorical classification, what is seen here is severe and supports the previous diagnosis of CHF. Continued lifelong supportive medications are recommended as below. The



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mean survival time for cats with CHF is <8-12 months, however most are able to maintain a good quality of life on medications if tolerated.

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The finding of severe structural disease does not rule out concurrent asthma/respiratory disease. If the patient has responded well to respiratory therapy, there is no harm in continuing it.

BREED

DSH

Going forward, there will always remain risk for recurrent episodes of CHF and development of blood clots in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

SEX

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PLAN

Screening BP recommended. Continue Lasix 1-2mg/kg PO q12h. 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 1.25mg PO q12h (off label use). Do not recommend ACE-I until the BP is assessed to be >130mmHg.

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Monitor renal values and BP every 3-4 months lifelong.

WEIGHT

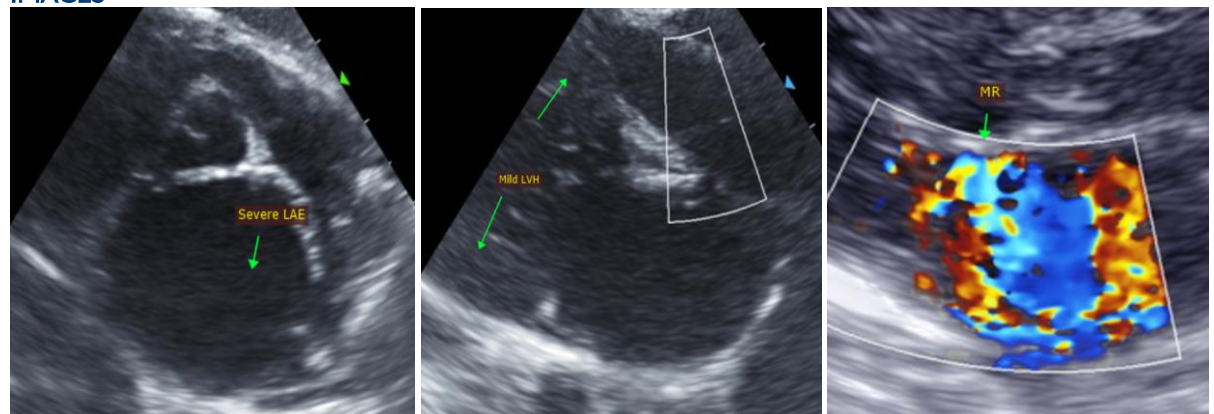
13.72lbs

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

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IMAGES



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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.

REFERRING VET

Dr. Hartwick

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.

INVOICE

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