



PATIENT

Spice Trahan

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

12 years

WEIGHT

10.54lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills Animal
 Hospital

REFERRING VET

Dr. Remcho

INVOICE

29788

DATE

3/22/23

PRESENTING CLINICAL SIGNS

History: Presented for vomiting and weight loss (P used to weigh >15lbs) along with a change in breathing. P was diagnosed with atrial fibrillation and hypertrophic cardiomyopathy previously. We took over care in 2023, and also diagnosed feline lower airway disease as breathing had not improved appreciably with tx of heart condition. At recent recheck, P continues to lose weight and has intermittent vomiting. P is interested in food in general. O has not perceived any medication side effects as these symptoms preceeded medical intervention.

Abnormal Lab results: CBC/Chemistry/UA and T4 - overall wnl (low WBC, low neutrophil count, AST 70, T4 2.7) ProBNP 686.

-Current medications: Flovent 110 mcg via inhaler with spacer BID, Diltiazem 30mg (1/4) PO BID and Clopidogrel 75mg (1/4) PO SID.

-CXR results (1/2023): Mild cardiomegaly. Bronchial pattern. No CHF.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 200bpm with a largely regular rhythm. P waves are difficult to identify throughout. The QRS is inverted. The MEA is shifted left. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Sinus tachycardia with an LAFB.

ECHOCARDIOGRAM FINDINGS

The left ventricular wall is mildly hypertrophied with mild remodeling of the endocardium. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is moderate papillary muscle hypertrophy. Systolic dysfunction is depressed. The left atrium is markedly enlarged. Subtle intraatrial smoke. The right atrium is also severely dilated. The right ventricle appears mildly affected as well. The mitral valve is mildly thickened, with normal mobility. No evidence of systolic anterior motion. There is mild central mitral regurgitation present. There is no aortic insufficiency. Blood flow through both the LVOT and RVOT are normal in velocity. No tricuspid regurgitation. No pericardial or pleural effusion seen. No tumors identified.

CARDIAC CHART

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	4.8	NM	0.66	1.33	0.66	36	70
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	2.2	2.1	0.9	0.7	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.



PATIENT

Spice Trahan

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

12 years

WEIGHT

10.54lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

West Hills Animal
Hospital

REFERRING VET

Dr. Remcho

INVOICE

29788

DATE

3/22/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of severe biatrial enlargement in the face of only mildly increased LV wall thickness is most consistent with burn-out or end-stage Hypertrophic Cardiomyopathy (HCM), although Unclassified Cardiomyopathy (UCM) can also have this appearance. The LV also shows evidence of systolic dysfunction. The MR is mild and is likely secondary due to annular stretch. Subtle spontaneous contrast is noted (smoke) which is concerning for a blood clot event in the future.

Regardless of classification, the finding of severe biatrial dilation is highly concerning for progression to congestive heart failure at any time. Given the change in breathing, lifelong medications are warranted as below, including addition of Pimobendan and low-dose Lasix. Plavix should certainly be continued as well to help decrease risk of a blood clot event in the future.

The ECG is most consistent with a sinus tachycardia. P waves are difficult to visualize; however, the rhythm is quite regular ruling out atrial fibrillation. Without historical ECGs and history, it is difficult to know if Diltiazem is needed going forward. Typically if A-Fib develops it will not convert back to a sinus rhythm, making the previous diagnosis questionable. It is also worth noting that Diltiazem seems to be somewhat ineffective as the resting heart rate is 200bpm with a target typically of 140-160bpm. Further historical information is necessary to determine the necessity of this medication. An LAFB is a benign bundle branch block, that is of no clinical significance.

The mean survival time for cats with CHF is 6-12 months, however most are able to maintain a good quality of life on medications (if pillled successfully). Patient will always remain at high risk for recurrent episodes of CHF and development of blood clots in the future. Once stabilized, monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

PLAN

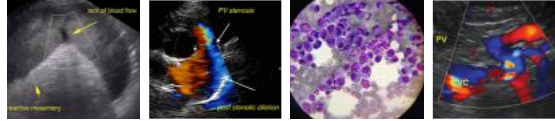
Institute Lasix 1mg/kg PO q12h. Institute Pimobendan 1.25mg PO q12h. Continue Plavix as prescribed. Further historical information is necessary to determine if Diltiazem is warranted.

Monitor renal values and BP in 1-2 weeks then every 3-4 months lifelong. If Bp is >130mmHg and the animal able to be medicated, consider an ACE-I 0.5mg/kg Po q12h.

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

IMAGES





PATIENT

Spice Trahan

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

12 years

WEIGHT

10.54lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills Animal
Hospital

REFERRING VET

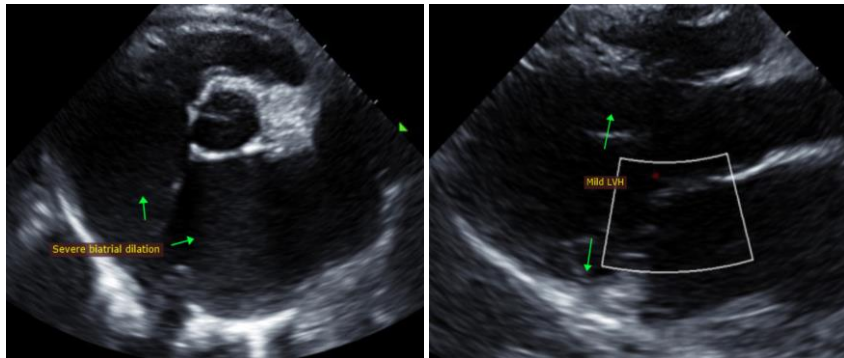
Dr. Remcho

INVOICE

29788

DATE

3/22/23



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