



PATIENT

Winston Visconti

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

16 years

WEIGHT

13.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Crystal Hill RVT

HOSPITAL NAME

East Plains Animal
Hospital

REFERRING VET

Dr. Visconti

INVOICE

29764

DATE

3/22/23

PRESENTING CLINICAL SIGNS

History: Heart has gallop rhythm, difficult to hear lung sounds on PE. Did not eat breakfast today. Has increased respiratory rate and effort. No murmur. BP: 125, 118mmHg. Only meds Solensia given March 17/23. Gave Lasix this morning.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Cardiomegaly with evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal to mildly decreased in dimension. The LV is mildly dilated with a spherical appearance. There is diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled. Systolic function is adequate. The left atrium is severely dilated and bulbous in appearance. No obvious smoke seen in the LA. No mitral regurgitation. The right atrium is severely dilated. The right ventricle appears largely normal. No tricuspid regurgitation. Blood flow through both the LVOT and RVOT are both low normal in velocity. Scant pericardial effusion. Scant pleural effusion. No obvious cardiac tumors. Arrhythmia throughout.

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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.1	220	0.38	1.9	0.39	52	90
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	2.2	2.0	2.0		0.9	0.7	NM
<p>*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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of biatrial enlargement in the face of normal LV wall thickness is most consistent with Unclassified Cardiomyopathy (UCM); however, some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. No significant hypertrophy is noted ruling out typical hypertrophic disease. Regardless of categorical classification, the severity of the findings suggest pericardial and pleural effusion is consistent with congestive heart failure. Immediate full cardiac supportive medications is recommended as below, including hospitalization is the patient appears unstable. A significant arrhythmia is noted throughout the study and an **ECG should be performed ASAP.**



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Prognosis is poor long term once CHF develops. There will always be risk for recurrent CHF, malignant arrhythmias, development of blood clots and/or sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for progression to CHF at home.

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Elective anesthesia, fluid or steroid therapy should be avoided in this case due to high risk for complication.

BREED

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PLAN

Screening ECG and BP ASAP. Consider hospitalization if unstable. 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 (off label use) 1.25mg PO q12h. Institute Lasix 1mg/kg q12h.

SEX

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Recheck renal values and BP in 10-14 days to ensure tolerance of medications, then every 3-4 months lifelong. If eating well at home and BP >130mmHg, consider addition of vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h.

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A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if clinical issues arise.

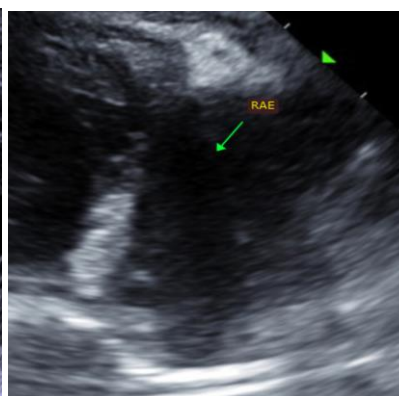
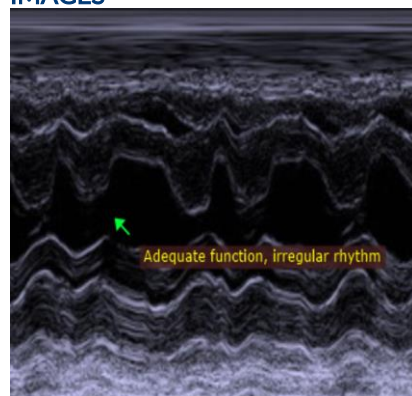
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IMAGES

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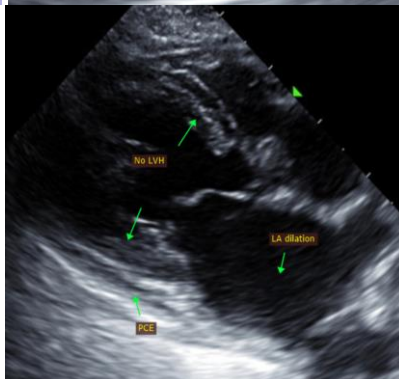


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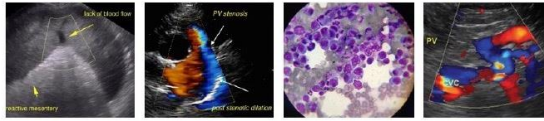
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@sonopath.com

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