



PATIENT

Blue Lambert

SPECIES

Feline

BREED

Siamese Mix

SEX

Male Neutered

AGE

7.14.09

WEIGHT

16.1lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Parkville AH

REFERRING VET

Dr. Merry

INVOICE

29808

DATE

3.23.23

PRESENTING CLINICAL SIGNS

History: Presented for routine wellness, no concerns per owner. Arrhythmia ausculted on routine exam. No murmurs heard.

-Pertinent abnormal PE/Chem/CBC/UA Results: 3/8 bloodwork: BNP elevated 142, early kidney disease, but otherwise it was unremarkable.

-ECG (Idexx 3/9/23): Atrial fibrillation (215bpm). Recommend Diltiazem.

-Current medications: none, Owner would like to do Echocardiogram here prior to starting diltiazem.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results: No previous.

-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 borderline normal in dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. The LV is normal in dimension with adequate myocardial function. The papillary muscles are mildly remodeled. The left atrium is markedly dilated and bulbous in appearance. The right atrium is mildly increased in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. No TR. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors. Irregular rate and rhythm throughout.

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	7.3	NM	0.56	1.6	0.56	44	79
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	2.4	2.2		1.6	1.2	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

The finding of marked LA dilation in the face of borderline 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. There is normal wall thickness, ruling out typical hypertrophic disease. Echocardiography will be helpful to confirm the diagnosis and assess for progression. An irregular rate and rhythm are noted throughout the study consistent with previously diagnosed atrial fibrillation.

Regardless of categorical classification, the finding of severe left atrial dilation and arrhythmic disease is highly concerning as there is high risk for clinical decompensation in the near future, and lifelong medications are warranted as below including low dose diuretic therapy and off-label Pimobendan. The mean survival time for cats once CHF develops is 8-12 months, however most are able to maintain a good quality of life on medications. There will always remain risk for progression to 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 CHF at home. Follow up and treatment for the arrhythmia should be dictated by the ECG report.

Elective anesthesia, fluid or steroid therapy is not advised.

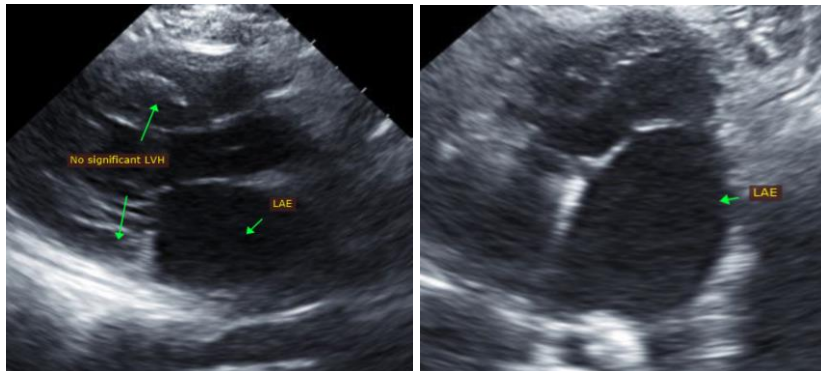
PLAN

Treatment for the arrhythmia should be dictated by the ECG report. Institute diuretic Lasix 1mg/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

Recheck renal values and BP in 10-14 days to ensure tolerance of medications, then every 4-6 months lifelong. If BP is >130mmHg and patient is easily medicated, 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