



PATIENT

Isla Simon

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

4.20.11

WEIGHT

6.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Hickory Veterinary
Hospital

REFERRING VET

Dr. Lyle

INVOICE

29826

DATE

3.24.23

PRESENTING CLINICAL SIGNS

History: Recheck echo.

-Current medications: Furosemide 4mg BID, Clopidogrel 9.4mg SID.

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

-Pertinent previous ultrasound results (5/2022 MML): Suspect UCM with mild dysfunction, mild to moderate LAE, mild RAE, mild MR, scant PCE. LA: 1.5.

-STAT: Declined.

-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with a normal septal dimension and free wall thickening. There is a mildly hyperechoic endocardium consistent with fibrosis. The LV chamber is normal in dimension; however, mild LV dysfunction is noted. The papillary muscles are mildly remodeled. The left atrium is moderate to severely dilated and bulbous in appearance. The right atrium is moderately dilated. The right ventricle appears prominent. The MPA appears normal. The mitral valve is normal with mild central MR. Blood flow through both the LVOT and RVOT is normal in velocity. Exuberant hyperechoic tissue surrounding the aortic root; suspect fat disposition. No TR. Scant pericardial effusion seen. No 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>	LVWd (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	3.0	NM	0.44	1.4	0.48	45	80
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 (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	1.9	1.7	0.50	0.65	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

Compared to the prior study, there is evidence of progression. Both atria appear progressively dilated with persistent pericardial effusion. No additional issues are identified, and systolic function appears stable.

Given these findings, consider additional of both Pimobendan and Spironolactone at this juncture. This is based upon residual effusion, despite use of Lasix therapy and progressive LA enlargement. If the patient is difficult to medicate and there are no clinical signs at home, simple monitoring would be an alternative approach.

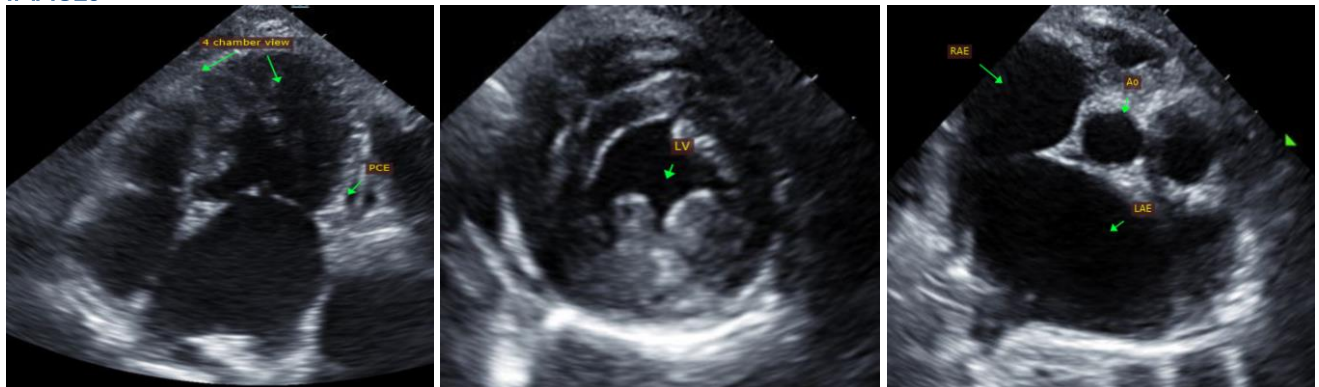
Patient will always remain at risk for CHF and/or development of blood clots in the future. Monitoring of sleeping respiratory rates (SRRs) at home is recommended as the best way to screen for recurrent CHF at home. High risk for fluid overload if utilized in the future, and cautious up-titration with SRR monitoring is advised.

PLAN

Continue Lasix and Plavix as prescribed. If able, institute Pimobendan 0.3mg/kg PO q12h and Spironolactone 6.25mg PO q24h.

A recheck echocardiogram is recommended in 6 months to assess progression, sooner if any associated clinical signs arise.

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.

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