



PATIENT

Brooklyn Rainer

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

8 years

WEIGHT

8.74lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Sloan

INVOICE

29848

DATE

3/27/23

PRESENTING CLINICAL SIGNS

History: Presented 3-21-23 for routine dental prophy. Possible gallop heard prior to anesthesia. Alfax/torb/iso anesthesia for dental; had a total of 12.5ml LRS IV during procedure that lasted ~ 60 min total. She was slow to awaken and had a definite gallop rhythm after anesthesia. Didn't eat well and very lethargic, so reexamined on 3-23. Given supportive care (25ml LRS SQ, Cerenia, Mirataz). Reexamined on 3-24 because of lab results, gave Cerenia, B12, and Convenia (for UTI). Previously had a soft murmur with normal BNP (2022). Murmur unchanged at yearly exam in 2023, so BNP not repeated. Rest of blood work was normal. Post anesthesia BNP 1500, kidney values mildly elevated; USG normal with possible UTI; subsequent culture was neg for growth. Single chest rad taken due to stress of patient- mild cardiomegaly, elevated trachea. Not seeing overt pulmonary edema (possible near hilus?), no pleural effusion BP today 1.5 hours after Gabapentin 110mmHg

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is highly asymmetric with moderate septal hypertrophy and a normal posterior wall. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is moderate papillary muscle hypertrophy and remodeling. Adequate systolic function. The left atrium is moderate to severely dilated with a horizontal component. No obvious smoke or thrombi seen. The right atrium is normal. The right ventricle appears normal. The mitral valve is normal, with normal mobility. No evidence of systolic anterior motion. There is no obvious mitral regurgitation present. There is no obvious tricuspid regurgitation. Blood flow through the LVOT and RVOT is normal in velocity. Scant pericardial effusion. No obvious pleural effusion seen. No obvious cardiac masses.

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	4.0	228	0.73	1.28	0.42	59	92
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	2.0	1.75	2.0	0.5	NM	

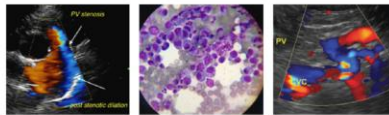
**Note: All measurements based upon multi-modal images and methods. An average value is reported.*

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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis for LV hypertrophy once a patient is confirmed euthyroid and normotensive. Given the severity of what is seen here, primary disease is suspected although contributing factors should be considered. The left atrium is moderate to severely enlarged, indicating high risk for spontaneous CHF and/or blood clot events. Additionally, there is scant pericardial effusion noted which is most consistent with congestion. PCE in cats with CHF rarely requires removal and diuretic therapy is certainly warranted. No additional issues are identified.



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Immediate full lifelong cardiac supportive medications are recommended as below. If the patient is or becomes tachypneic, a dose of injectable Lasix may be helpful (2mg/kg) +/- recommend referral for overnight supportive care/oxygen therapy. This was likely a case of acute subclinical cardiomyopathy that was easily pushed into a fluid overloaded state with the recent anesthetic event.

SPECIES

Feline

The mean survival time for cats with CHF is 8-12 months, however most cats are able to maintain a good quality of life on medications. Patient will always be at high 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.

BREED

DSH

Avoid anesthesia, steroids and fluid therapy unless absolutely necessary in the future.

SEX

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PLAN

Screening BP/T4. Consider injectable Lasix dose/hospitalization if indicated. Administer 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 and should be coated in entirety or administer in a gel cap). Institute Pimobendan 1.25mg PO q12h.

AGE

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Monitor renal values, BP and effusion status in 1-2 weeks. If normotensive and doing well at that time, reinstitute vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h. Monitor BP and renal values every 3-4 months lifelong.

WEIGHT

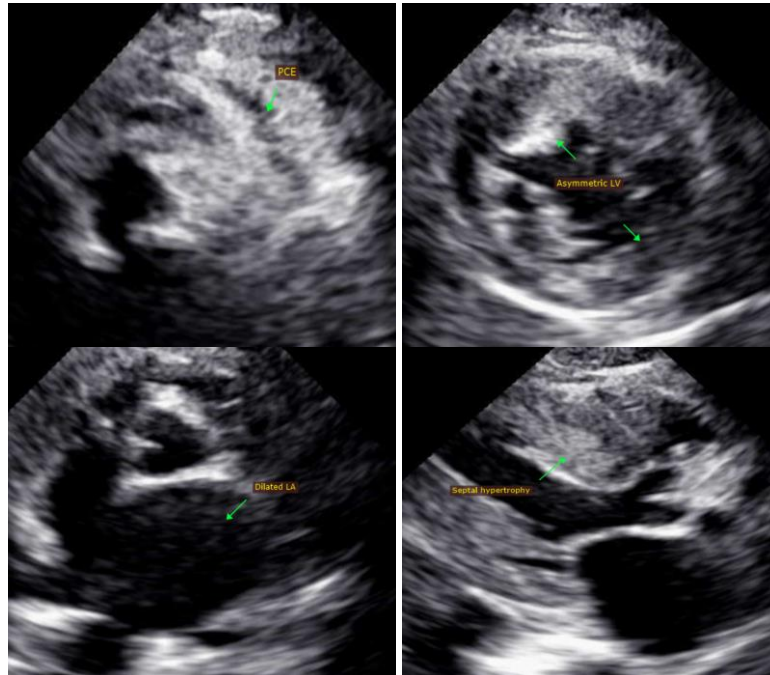
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A recheck echocardiogram is recommended in 6 months to assess progression.

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IMAGES



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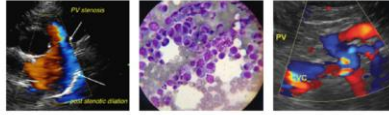
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

Thank you for this referral. 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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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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