



PATIENT

Mikey Dube

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

14 years

WEIGHT

13.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Karen Ebersole,
DVM, DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Norman

INVOICE

29924

DATE

3/29/23

PRESENTING CLINICAL SIGNS

History: History of cardiomegaly, assessed by a cardiologist in Madison WI twice - most recent echo was in spring/summer of 2021. Has been stable on pimobendan/clopidogrel ever since, until recently. AFAST at PVESC on 3/17 suggestive of CHF. Started on furosemide. Grade 1/6 heart murmur with irregularly irregular arrhythmia.

-Current medications: Vetmedin 2.5mg BID, Clopidogrel 75mg, 1/4-tab SID, and Lasix 12.5 mg TID.

-Abnormal PE/Chem/CBC/UA Results: ProBNP 1500.

-Radiographs Cardiomegaly, bronchial and small amount of alveolar pattern.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline normal in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled. Adequate systolic function. The left atrium is severely dilated and bulbous in appearance. No obvious spontaneous contrast (smoke) seen. The right atrium is mildly dilated. The right ventricle appears mildly affected as well. The mitral valve is normal in structure and mobility. Mild central MR. Blood flow through both the LVOT and RVOT is normal in velocity. Small volume pericardial effusion seen. Scant pleural effusion seen. 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>	LWVd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.0	213	0.57	2.2	0.57	44	78
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 <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	2.1	2.1		0.8	0.8	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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 severe LA dilation in the face of borderline normal LV wall thickness is most consistent with Unclassified Cardiomyopathy (UCM); however, end-stage HCM can also have this appearance pending on prior echo results. Mild MR is noted, however this does not appear to be due to valve disease and is likely secondary to dilation. There is borderline normal LV wall thickness, ruling out typical hypertrophic disease. Regardless of categorical classification, the degree of disease is severe with severe LA dilation. The right heart is mildly affected as well, although to a lesser extent. No additional issues are identified.



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Most concerning is the finding of small volume pericardial and pleural effusion, which given the degree of disease is certainly secondary to refractory congestive failure. It is concerning that the patient has bicavitary effusion despite >6mg/kg per day of Lasix. Recommend addition of Spironolactone, given that no symptoms are reported. If further dose increases of Lasix are necessary, we may need to add a more potent option such as Hydrochlorothiazide. Continue Plavix and Pimobendan as well.

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The mean survival time for cats at this stage is <6 months; however, most are able to maintain a good quality of life on medications. There will always remain risk for recurrent CHF, development of blood clots, and/or malignant arrhythmias/sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent/impending CHF at home.

PLAN

Continue Lasix as prescribed. Continue Plavix and Pimobendan as prescribed. Institute Spironolactone 6.25mg PO q12h. If the patient is or becomes unstable, consider hospitalization for supportive care.

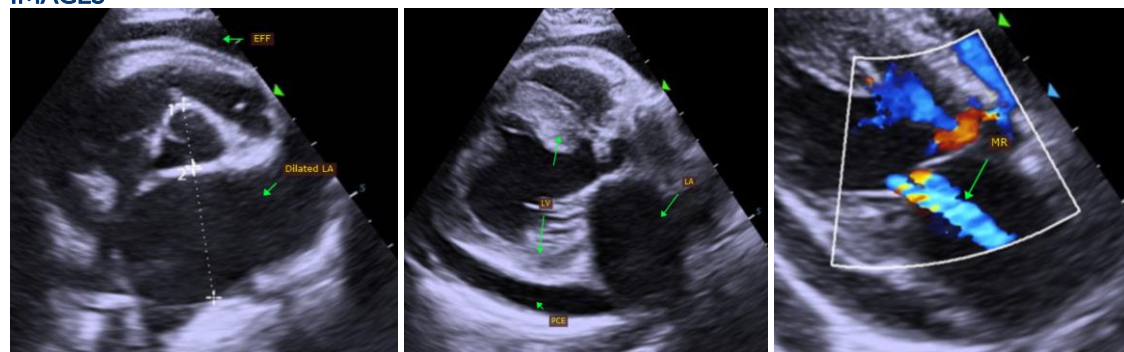
Recheck renal values and BP in 10-14 days to ensure tolerance of medications. If patient has further episodes of CHF in the future, addition for Hydrochlorothiazide may be necessary 6.25mg PO SID.

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

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IMAGES



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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.

REFERRING VET

Dr. Norman

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.

INVOICE

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