



PATIENT

Euler Skowornski

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

5 years

WEIGHT

12.1lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Fred Gromalak, DVM

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Payne

INVOICE

29943

DATE

3/30/23

PRESENTING CLINICAL SIGNS

History: Presented with respiratory distress. Responded well to injectable Lasix. Quick ultrasound revealed an enlarged left atrium.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension with regions of remodeling and irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The systolic function is decreased with evidence of diastolic dysfunction as well. The papillary muscles are mildly remodeled. The left atrium is markedly dilated with evidence of smoke. No obvious thrombus. The right ventricle is also affected, with diffuse fibrosis and remodeling. Mild RA dilation. Blood flow through the RVOT and LVOT is decreased in velocity. No pericardial or pleural effusion. No obvious cardiac tumors.

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	5.5	NM	0.53	1.57	0.55	25	48
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	2.5	2.7	2.6		0.5	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

The finding of marked left atrial enlargement in the face of borderline LV wall thickness and systolic dysfunction is most consistent with Restrictive Cardiomyopathy (RCM), however some historical infectious or inflammatory insult to the myocardium cannot be definitively ruled out. The degree of left atrial dilation is significant with evidence of smoke. The right heart is also affected albeit to a lesser extent.

The finding of this degree of left atrial dilation confirms the origin of the clinical signs is spontaneous congestive heart failure, and immediate lifelong medications are warranted as below. This patient is at high risk for thromboembolic events regardless of medications and this should be expressed to the owner (monitor for neurologic change, acute paralysis/lameness, etc.). Consider hospitalization for continued stabilization, oxygen and Lasix therapy. The prognosis is poor to grave, with a mean survival time for cats with CHF <8-12 months, however most are able to maintain a good quality of life on medications if able to be stabilized. There will always remain risk for recurrent episodes of CHF, development of blood clots, arrhythmias, and/or sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.



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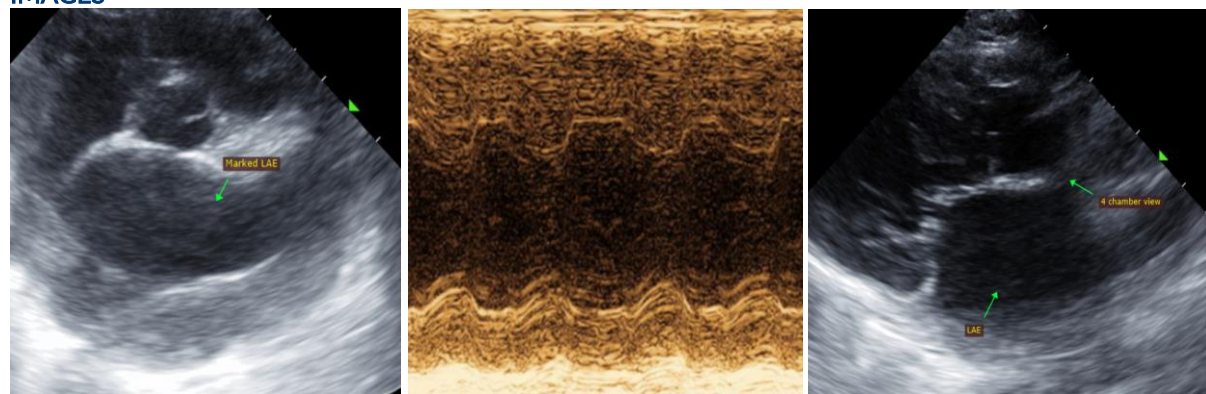
PLAN

Consider hospitalization, oxygen, IV diuretic in hospital until stabilized due to effusion. Oral medications: furosemide 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). Institute Pimobendan (off label use) 0.625mg PO q12h.

Once stabilized, eating well at home and BP >130mmHg, consider addition of vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h.

Recheck renal values in 10-14 days to ensure tolerance of medications, then every 3-4 months lifelong. A recheck echocardiogram is recommended in 4-6 months to assess for 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.

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