

PATIENT

Rosa Clark

PRESENTING CLINICAL SIGNS

History: Rule out CHF v neoplasia v other.

SPECIES

Feline

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 230bpm with a largely regular rhythm. P waves cannot be identified; however, a sinus origin is suspected. No obvious dysrhythmias are observed.

BREED

DSH

ECG diagnosis: Suspect normal sinus tachycardia.

SEX

Female Spayed

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Moderate left ventricular dilation with diminished systolic function. The LV wall thickness is decreased overall. Marked left atrial enlargement with no obvious thrombus. The mitral valve appears normal in form and function, with no obvious prolapse into the left atrial lumen. Mild central mitral regurgitation. The tricuspid valve appears normal in form and function. No right atrial dilation. Trace tricuspid regurgitation. The aortic valve is normal in morphology and mobility. Decreased LVOT and RVOT velocities. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac tumors.

AGE

14 years

WEIGHT

~8lbs

CARDIAC CHART

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	3.6	NM	0.30	2.1	0.35	20	36
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	2.2	2.5	2.2		0.8	0.7	NM

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Wilvet South

*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.

REFERRING VET

Dr. Seyler

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, this patient has end-stage cardiomyopathy and systolic dysfunction. This is causing dilation and overload of the left heart, resulting in insufficiency of the mitral valve. The degree of dilation and pump failure is resulting in suspected congestive heart failure based upon reported symptoms and radiographic abnormalities. The ECG is unremarkable with a sinus tachycardia; however, the patient is at high risk for malignant arrhythmias.

INVOICE

29975

DATE

3/31/23

In cats, systolic failure can be primary in nature (DCM); however, this is relatively uncommon. An advanced form of restrictive cardiomyopathy (RCM) with development of systolic dysfunction is also possible. Finally, systolic failure can develop secondary to taurine deficiency, myocarditis,



PATIENT

Rosa Clark

or infiltrative disease such as lymphoma. Taurine deficiency is highly uncommon in cats on commercially prepared cat foods; however, can consider taurine supplementation in case of an absorption issue.

SPECIES

Feline

A history is not provided, only radiographic differentials listed. Respiratory signs are assumed which would support CHF. Immediate lifelong cardiac support is recommended as below. If medicating the patient is difficult at home, consider liquid Lasix and/or compounding the medications into a liquid or alternative option. Prognosis is poor to grave at this stage in the disease process, with an average survival time of <6 months. Most cats are able to maintain a good QOL for some time however on oral medication. High risk for recurrent CHF, development of blood clot events and/or malignant arrhythmias/sudden death at home should be discussed.

BREED

DSH

SEX

Female Spayed

Monitor for development of labored breathing, limb paralysis/neurologic changes and/or collapse episodes in the future. Periodic Thoracocentesis will be necessary going forward. Monitoring of sleeping breathing rates at home is recommended to assess response to medications and recurrence of CHF in the future.

AGE

14 years

PLAN

Consider hospitalization if needed stabilization. Administer Lasix/furosemide 1-2mg/kg PO q12h. Institute anti-coagulant Plavix/Clopidogrel 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety). Institute heart muscle support Pimobendan 1.25mg by mouth every 12 hours (off label use). Consider supplement taurine 500mg daily.

WEIGHT

~8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

Recheck renal panel and BP in 1-2 weeks then every 3-4 months lifelong. Do not utilize an ACEI in this patient. If patient continues to have respiratory changes at home, addition of spironolactone is recommended 1-2mg/kg PO q12h.

*NOTE: Many cats are difficult to medicate, and multiple medications can be overwhelming. If there is difficulty at home, Lasix and Plavix are considered most important. Consider compounding if needed.

IMAGING PERFORMED BY

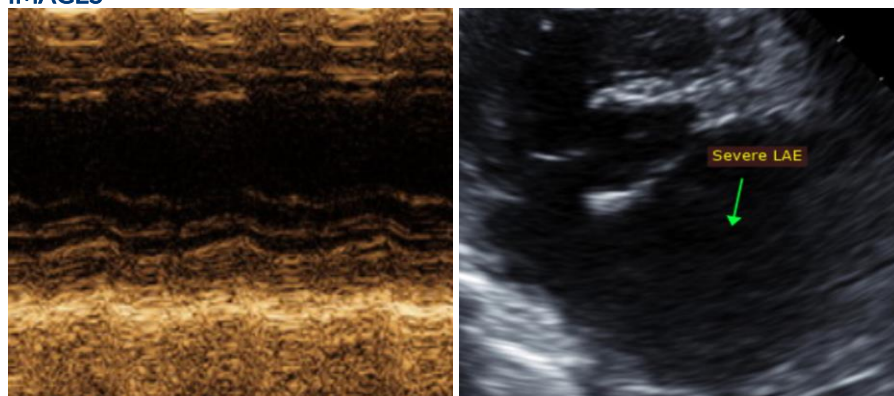
Sara Hansen

Recheck echocardiogram in 6 months to reassess cardiac function.

HOSPITAL NAME

Wilvet South

IMAGES



REFERRING VET

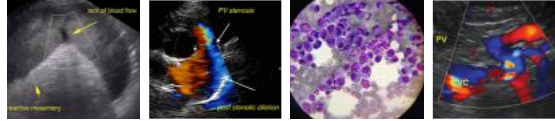
Dr. Seyler

INVOICE

29975

DATE

3/31/23



PATIENT

Rosa Clark

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

14 years

WEIGHT

~8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Wilvet South

REFERRING VET

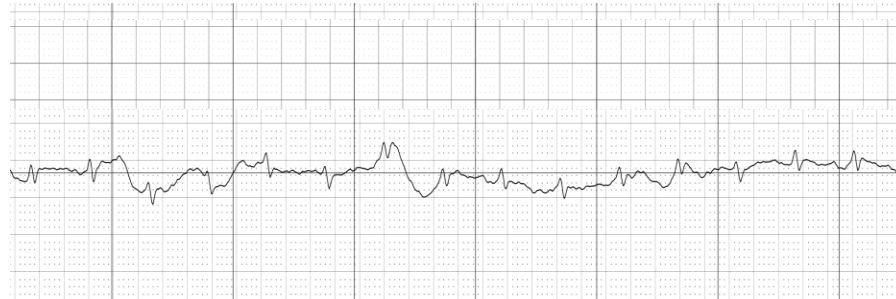
Dr. Seyler

INVOICE

29975

DATE

3/31/23



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