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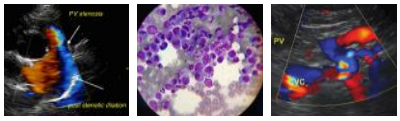

SonoPath
Clinical Sonography & Telecytology
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PATIENT
Murray Hardy

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
11.25.09

WEIGHT
13.6lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME
Charm City Veterinary Hospital

REFERRING VET
Dr. Hansen

INVOICE
29462

DATE
3.8.23

PRESENTING CLINICAL SIGNS

History: Weight loss. Episode where joints were abnormally bent, and face seemed to be scrunched. Patient was mildly conscious during this incident/event. This lasted for a few minutes, and then patient went back to normal activity. Went to eat and drank water. Walking normally today. Grade 2-3/6 systolic, parasternal murmur.
-Pertinent abnormal PE/Chem/CBC/UA Results: Mild azotemia (meds have been reduced),
-Radiographs: Evidence of LA enlargement.
-Current medications: Lasix 6.25mg PO q12h, Benazepril 1.25mg PO q12h, Pimobendan 1.25 PO q12h.
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results: No previous.
-STAT: Not requested
-Imaging performed by: Andi Parkinson, BS, RDMS.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at both 25 and 50mm/s; 2mm/mV. The average heart rate is 176bpm with a regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is isoelectric. MEA is shifted left. No ectopic beats, pauses or dysrhythmias observed. ECG diagnosis: Normal sinus rhythm. LAFB.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with adequate myocardial function. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled. The left atrium is severely dilated and bulbous in appearance. No obvious smoke. The right atrium is normal. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trace MR. Trace TR. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.2	150	0.52	1.4	0.50	49	84
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	2.2	2.0		1.4	0.9	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

The finding of severe LA dilation in the face of normal LV wall thickness is most consistent with unclassified cardiomyopathy (UCM); however, some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. There is normal wall thickness, ruling out typical hypertrophic disease. Trace mitral and tricuspid regurgitation are hemodynamically insignificant. No obvious additional structural issues are identified. The ECG is largely unremarkable with a left anterior fascicular block (LAFB), which is a benign bundle branch block that is common in older cats. No dysrhythmias are observed.

Regardless of categorical classification, the finding of severe left atrial dilation is concerning as there is high risk for clinical decompensation in the near future. The recent episode may have certainly been cardiogenic in origin with transient thrombus formation likely. Given that the symptoms have resolved, no further evaluation is indicated; however, full cardiac support should be continued. Plavix will help decrease the risk for further thrombotic events; however, these remain a possibility. Recurrent thrombotic events (paralysis, limb lameness, neurologic signs) should warrant consideration of euthanasia.

The mean survival time for cats with severe disease is 8-12 months, however most are able to maintain a good quality of life on medications. There will always remain risk for progression to 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 CHF at home.

Elective anesthesia, fluid or steroid therapy is not advised.

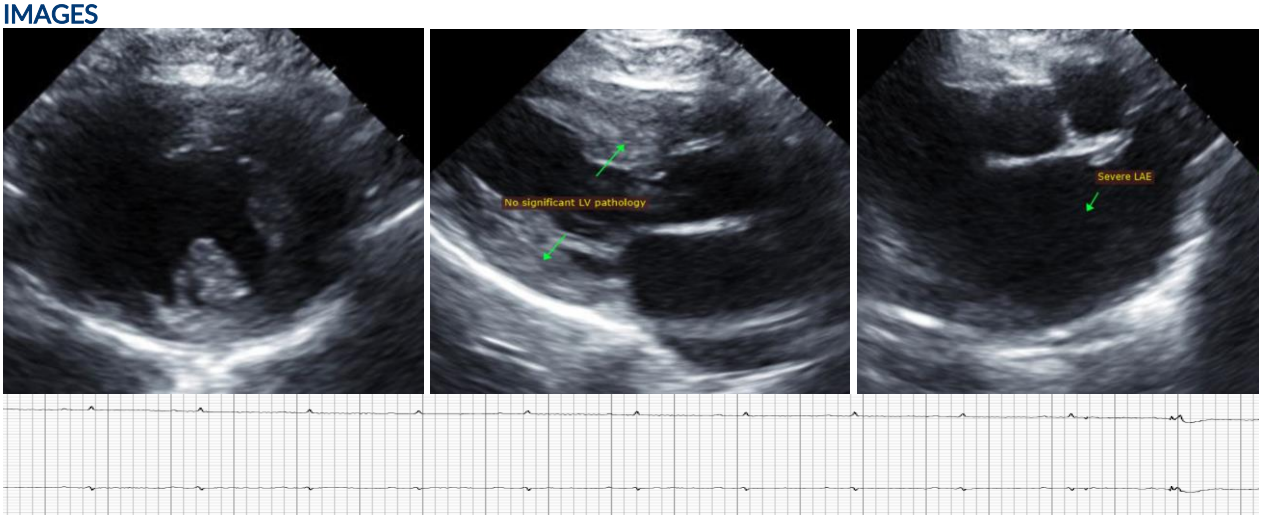
PLAN

Continue Lasix, Benazepril and Pimobendan as prescribed. Baseline BP is strongly recommended. If renal values continue to elevate, discontinue Enalapril.

Recheck renal values and BP every 3-4 months lifelong. If recurrent episodes persist, euthanasia should be considered.

A recheck echocardiogram is recommended in 6 months to assess 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.

Maggie Machen Lamy, DVM
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