



PATIENT

Teddy Dean

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

9.11.10

WEIGHT

10.8lbs

INTERPRETED BY

Maggie Machen
Lamy, 10.48lbs DVM,
DACVIM (Cardiology)

HOSPITAL NAME

Northwind Animal
Hospital

REFERRING VET

Dr. Repsher

INVOICE

29508

DATE

3.9.23

PRESENTING CLINICAL SIGNS

History: Presented 02/22/23 for a decreased appetite and heavy breathing. Lung sounds muffled increase resp rate and effort 2/some abdominal breathing. no murmur ausculted occasional arrhythmia noted but converts back to NSR.

-Abnormal lab results: ProBNP: 1500, BUN: 46, K: 3.2, Creat: 1.8.

- Radiographs: Showed pulmonary edema started on Lasix (noted marked improvement on recheck on rads and clinically. resp distress resolved when rechecked a week later).

-Current medications: furosemide 10mg/ml 1.5 Q8h, Benazepril 5mg 1/2 tab once daily.

-Sedation used: Declined.

-Pertinent previous ultrasound results: No previous.

-STAT: Declined.

-Imaging performed by: Andi Parkinson, BS, RDMS.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with regions of irregularity. Mild LV dilation. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled. Systolic function is adequate. The left atrium is moderately dilated and bulbous in appearance. No obvious smoke. Trace mitral regurgitation. No tricuspid regurgitation. The right atrium is normal. The right ventricle is normal. Blood flow through the RVOT and LVOT is decreased in velocity. No pericardial or pleural effusion.

CARDIAC CHART

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.9	180	0.45	1.74	0.45	41	80
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	1.65	1.65		1.5	0.6	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 moderate left atrial dilation in the face of normal LV wall thickness adequate systolic function 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. No additional issues are identified.

Regardless of categorical classification, patient has progressed to congestive heart failure (CHF) as evidenced by radiographic changes, response to Lasix and severity of disease seen here. It is somewhat unusual to see this with only moderate left atrial enlargement; however, the response to medication is significant. Depending on patient's stability, continued hospitalization for oxygen and diuretic therapy should be considered. Lifelong cardiac support and anti-coagulation is recommended as below, including off-label use of Pimobendan.

Assuming the patient is able to be stabilized, there will always remain risk for recurrent CHF, development of additional 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.

Elective anesthesia, fluid therapy and/or steroids should be avoided lifelong.

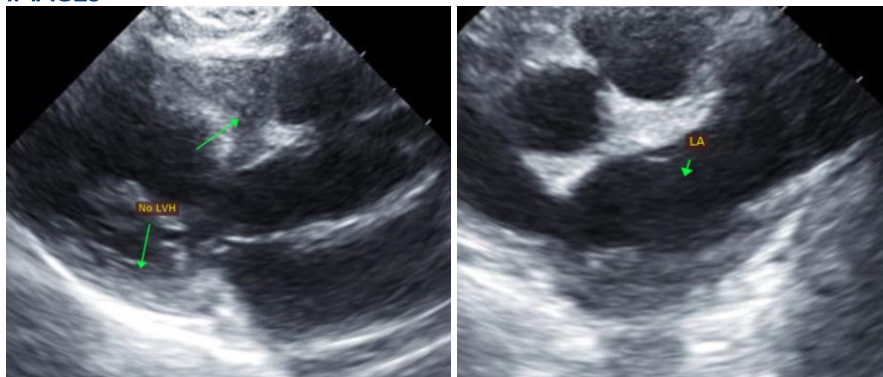
PLAN

Oral medications: Institute Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety). Institute Lasix to 1-2mg/kg PO q12h. Institute Pimobendan at 1.25mg PO q12h.

Recheck renal values and BP in 10-14 days, then every 3-4 months lifelong. Once deemed normotensive and doing well at home, consider addition of an ACEI 0.5mg/kg PO q12h. Monitor at home for any progressive labored breathing and/or signs of clot recurrence (limb paralysis, neurologic changes, etc.).

Recheck echocardiogram in 6 months once stable on oral medications to reassess 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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