



PATIENT

Oliver Brownlow

SPECIES

Feline

BREED

Tabby

SEX

Male Neutered

AGE

9 years

WEIGHT

4.73

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Alastair Westcott,
DVM

HOSPITAL NAME

Dr. Alastair Westcott

REFERRING VET

Dr. Westcott

INVOICE

23551

DATE

4/10/22

PRESENTING CLINICAL SIGNS

History: Presented for acute onset retching Has been polyphagic with some weight loss over the past few months. On initial presentation was unable to properly ambulate with the left fore extended caudally. Apparently also non-visual on presentation. Ventral neck nodule in vicinity of the thyroid gland. Tachypneic. Tachycardia with an occasional irregular rhythm. Bloodwork was essentially normal except for an abnormal ProBNP. There was an impression of cardiomegaly on thoracic radiographs with no evidence of cardiogenic edema. Neurologic presentation and one thought was micro thromboembolic events resulting from severe cardiac disease.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric, with a mildly thickened septum and thinning of the free wall. The LV is mildly dilated with decreased systolic function. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears mildly remodeled. Remodeled papillary muscles. The left atrium is moderately dilated with a bulbous appearance. No obvious smoke. The right atrium is normal. Trace TR. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trace MR, likely secondary to dilation. Blood flow through both the LVOT and RVOT are normal in velocity. No PI. Trace AI. No effusions or obvious cardiac tumors identified. Occasional premature beats suspected.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT	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	4.73	NM	0.65	2.2	0.38	32	60
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	1.5	1.67	1.0	0.51	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 academic diagnosis could be argued in this case. The LV appearance is asymmetric with a mildly thickened septum and thinning of the free wall. This is in addition to mild LV enlargement with decreased systolic function. Possibilities include end-stage HCM with burnout physiology versus an unclassified or restrictive form of disease. Regardless of classification, the LA is moderately dilated, indicating the risk for complication is likely increased going forward. Mild MR and TR are of little hemodynamic significance. Finally, a small aortic leak is noted, and a baseline blood pressure is recommended. No additional issues are identified.



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Given these findings, it is unclear if the previous forelimb issue and neurologic changes were due to a thrombotic event. Any degree of atrial dilation is concerning for this development with or without spontaneous contrast; however, this is difficult to prove. Regardless, highly recommend Plavix to cover all the bases. Additionally, Pimobendan is certainly warranted in this case. The patient was reportedly nonvisual on presentation and hypertension may be a consideration in this case, warranting further vasodilator therapy. Follow up is advised. Pending persistence/recurrence of clinical signs going forward, other possibilities such as neurologic disease should also be considered.

Elective anesthesia is not advised.

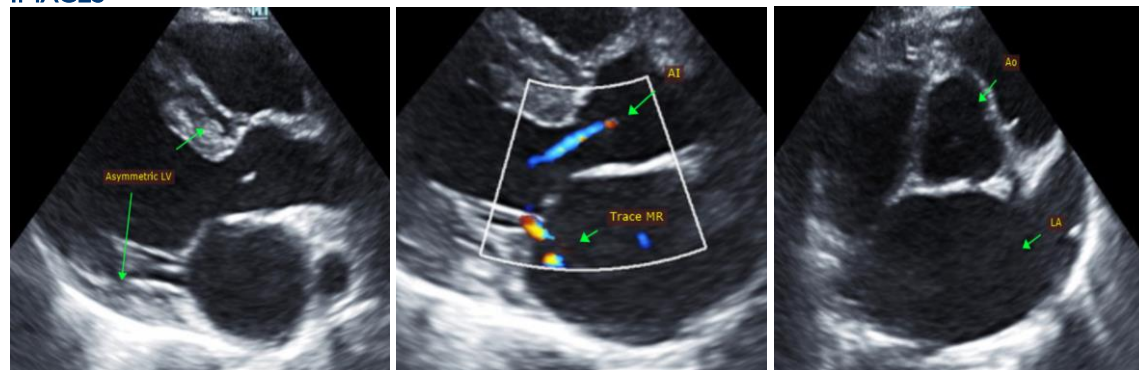
Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change). Monitoring of sleeping breathing rates is recommended to screen for early decompensation going forward. Patient will always be at risk for spontaneous CHF, development of blood clots and/or sudden death in the future.

PLAN

Recommend baseline BP and ECG. Institute Plavix 18.75mg PO q24h (NOTE: Medication is bitter along the cut edge; coat in entirety or place in a gel cap); Institute Pimobendan 1.25mg PO q12h. Pending BP assessment, consider an ACE-I, Amlodipine, etc. depending on results. Further neurologic evaluation may also be warranted, given the unusual presentation.

A recheck echocardiogram is recommended in 6 months to screen for progressive atrial dilation, sooner if clinical issues arise in the interim.

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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