



PATIENT

Pheonix Ellis

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

10 years

WEIGHT

9.86lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

C. Zumpano, DVM

HOSPITAL NAME

Pikesville Animal
Hospital

REFERRING VET

Dr. Zumpano

INVOICE

30325

DATE

4/12/23

PRESENTING CLINICAL SIGNS

History: Found as a stray month before. Grade 3 heart murmur noted, patient was given sq fluids for symptomatic support when first found and cat presented to emergency hospital with potential pulmonary edema, treated with limited care and furosemide; problems resolved. No current clinical signs, currently still receiving 3.125 mg furosemide SID. BP: 165mmHg.

-Abnormal PE/Chem/CBC/UA Results: T4 2.0, all chems/cbc WNL.

-ECG report : Noted approx 6 VPC's/min

-Radiograph report Unremarkable

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
Mild cardiomegaly. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. Remodeled papillary muscles. Mild LV dilation with moderate dysfunction. The left atrium is mildly dilated. The right atrium is mildly dilated as well. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. Mild TR. Normal velocity. Blood flow through both the LVOT and RVOT is normal in velocity. No PI or AI. No effusions or obvious cardiac tumors identified.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LWVd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.5	NM	0.46	1.78	0.42	24	40
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	1.7	1.5		1.4	1.1	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary abnormality identified is mild biatrial dilation with LV dysfunction. This likely suggests an unclassified or restrictive pathology (UCM/RCM); however, some prior infectious or inflammatory insult to the myocardium cannot be ruled out. The LV wall thickness is normal, ruling out typical hypertrophic disease. No matter the categorical diagnosis, any cat with atrial enlargement should be followed up closely, as this is likely to progress in the future. Serial echocardiography will be necessary to determine progression.



PATIENT

Pheonix Ellis

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

10 years

WEIGHT

9.86lbs

The most likely scenario in this case is that subclinical cardiomyopathy is present, which acutely fluid overloaded given the history. Based upon the totality of the findings, no obvious indication for continued Lasix going forward. If any recurrent change in RR or RE is noted, repeat CXR is strongly recommended. Pimobendan could be considered in this case given LV dysfunction and should be considered if the patient is easily medicated. No obvious indication for additional cardiac medications at this time.

Prognosis is guarded long-term.

Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change). No cardiac medications are clearly indicated.

PLAN

Baseline BP recommended. Discontinue Lasix as discussed. Consider Pimobendan if able; administer 1.25mg PO q12h.

A recheck echocardiogram is recommended in 6 months to screen for progressive changes.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

C. Zumpano, DVM

HOSPITAL NAME

Pikesville Animal
Hospital

REFERRING VET

Dr. Zumpano

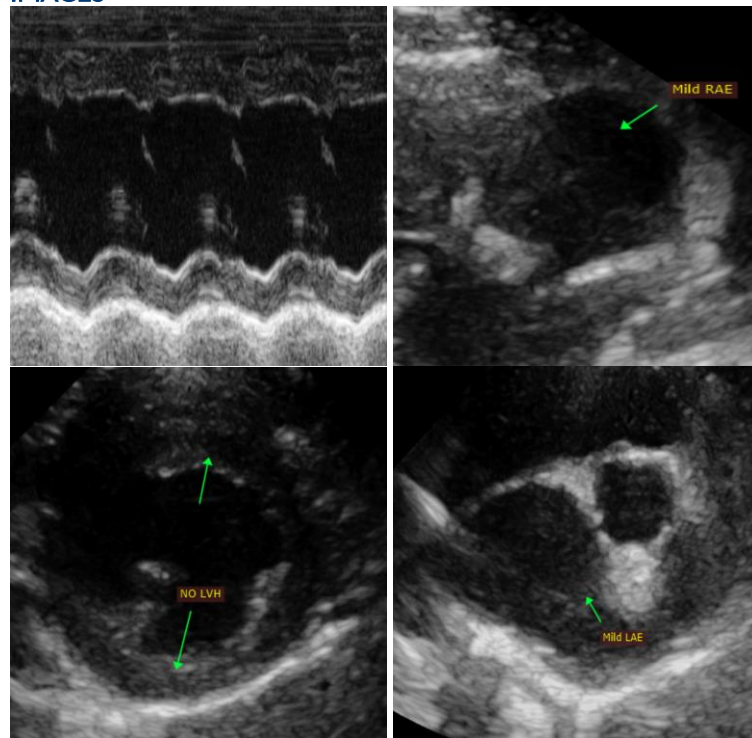
INVOICE

30325

DATE

4/12/23

IMAGES





PATIENT

Pheonix Ellis

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.

SPECIES

Feline

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.

BREED

DSH

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

SEX

Female Spayed

AGE

10 years

WEIGHT

9.86lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

C. Zumpano, DVM

HOSPITAL NAME

Pikesville Animal
Hospital

REFERRING VET

Dr. Zumpano

INVOICE

30325

DATE

4/12/23