



PATIENT

Goldie Walker

PRESENTING CLINICAL SIGNS

History: CHF. Arrhythmia. Pleural effusion on radiographs.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The LV is normal in dimension in diastole with adequate function. The left atrium is normal. No mitral regurgitation. The right atrium is severely dilated without obvious spontaneous contrast. The right ventricle is mildly dilated with increased wall thickness. Severe tricuspid regurgitation. The MPA is normal. No obvious pulmonic stenosis seen. Blood flow through both the LVOT and RVOT is normal in velocity. Small volume pleural effusion. Scant pericardial effusion seen. Hepatic congestion with ascites.

BREED

DSH

SEX

Female Spayed

CARDIAC CHART

AGE

14 years

WEIGHT

11.8lbs

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	5.4	180	0.45	1.2	0.51	57	90
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	1.6	1.4	1.33		1.1		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.

IMAGING PERFORMED BY

Diane McFadden

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary abnormality identified is severe right heart enlargement without an obvious cause likely reflecting a primary RV cardiomyopathy. Severe TR is present with a normal velocity, suggesting pulmonary hypertension is not a contributing issue. Regardless, the degree of disease is severe with hepatic congestion and tricavitary effusion, reflecting right-sided CHF. The left heart is largely normal with a normal left atrial dimension. An irregular rhythm is noted throughout, and a **baseline ECG is strongly recommended.**

HOSPITAL NAME

Animal Care Centers
of Landing

REFERRING VET

Dr. Casulli

Immediate lifelong cardiac supportive medications are warranted as below. If the patient appears unstable or experiences any further decline at home, hospitalization for stabilization and supportive care may be necessary.

INVOICE

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The mean survival time for cats with CHF is <12 months, however most are able to maintain a reasonably good quality of life on medications. There will always remain risk for recurrent episodes of CHF, malignant arrhythmias and/or development of further blood clots in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

DATE

4/14/22



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PLAN

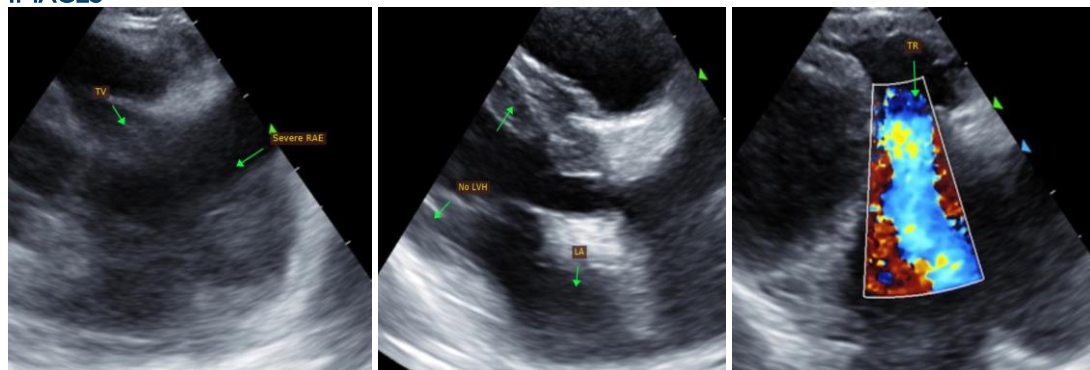
Consider hospitalization as discussed. Baseline BP and ECG are recommended. Institute oral diuretic Lasix 1-2mg/kg PO q12h (tablets or consider liquid suspension 10mg/ml). Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges; coat in entirety or place in a gel cap). Institute off label Pimobendan 1.25mg PO q12h. Institute Spironolactone 1-2mg/kg PO q12h.

Recheck renal values/BP in 10-14 days to ensure tolerance of medications. If patient is doing well at home, is able to be easily medicated and BP >130mmHg, institute ACEI 0.5mg/kg PO q12h at this time.

*NOTE: 5 medications can be overwhelming in a cat; if difficult to administer, Lasix and Plavix are most important.

If referral is declined, a recheck echocardiogram is recommended in 4-6 months to assess progression, 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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