



DATE **CLINICAL BACKGROUND & STUDY DETAILS**

4.17.26

PATIENT

Lucky Luke Schafert

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2016

WEIGHT

8.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Chadwell Animal
Hospital

REFERRING VET

Dr. Copes

INVOICE

47601

History: Patient presented on 4/14 for dry cough which started a few weeks ago. Has also been losing weight. Patient has a history of hyperthyroidism and a grade III/VI heart murmur. On PE patient was tachycardic with possible gallop rhythm. 3 view chest rads showed mild cardiomegaly and bronchial pattern. Liver also appeared enlarged.

Pertinent abnormal PE/Chem/CBC/UA Results: Labwork attached.

Current medications: None listed.

Sedation used: Not required to complete full diagnostic ultrasound.

Pertinent previous ultrasound results: No previous.

STAT: Requested. ECG declined at this time.

Imaging performed by: Stephanie Warga RDCS, RVT.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental information only.

A lateral film is included. Cardiomegaly. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension. The LV is borderline dilated with adequate myocardial function. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled and mildly enlarged. The left atrium is severely dilated and bulbous in appearance. No smoke seen in the LA. The left auricle is dilated as well. Mild mitral regurgitation. The right atrium is mildly enlarged. The right ventricle appears normal. No tricuspid regurgitation. Scant pericardial effusion. No pleural effusion. 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	3.7	NM	0.51	1.7	0.55	50	85
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	2.1	2.1	1.6	1.1	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 left atrial enlargement in the face of normal LV appearance is most consistent with Unclassified Cardiomyopathy (UCM); however, end-stage HCM or some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. The right heart is also affected, to a much lesser extent. Mild MR is present, which is suspected to be secondary to LA dilation. Regardless of categorical classification, the finding of this degree of atrial dilation is concerning for progression in the future and full cardiac supportive medications are recommended as below. This includes low-dose Lasix therapy given high risk for imminent complication and scant pericardial effusion independent of clinical signs.

A cough is noted in the history which is rarely due to heart disease, and likely reflects concurrent airway disease. Highly recommend repeat chest radiographs for further evaluation if the symptoms persist despite diuretic therapy.

Prognosis is guarded to poor long term as there will always be risk for progression to CHF, malignant arrhythmias, development of blood clots and/or sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for progression to CHF at home.

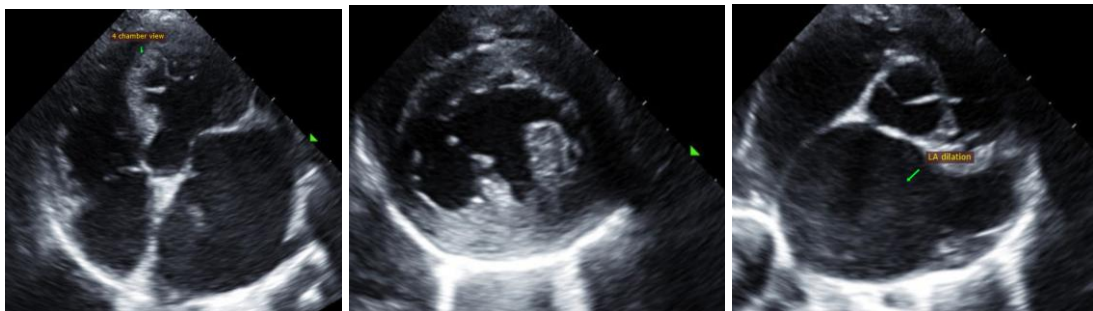
PLAN

Screening BP recommended. Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Institute Pimobendan (off label use) 1.25mg PO q12h. Institute Lasix 1mg/kg q12h.

Monitor renal values/BP in 1-2 weeks, then every 3-4 months lifelong. If doing well and BP >130mmHg, institute an ACEI 0.5mg/kg PO q12.

A recheck echocardiogram is recommended in 6 months to assess 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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