



PATIENT

Douglas Werbel

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

11 years

WEIGHT

16lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Marsh Animal
Hospital

REFERRING VET

Dr. Milwicky

INVOICE

30316

DATE

4/18/23

PRESENTING CLINICAL SIGNS

History: Recheck echo.

-Current medications: Flovent, Albuterol, Gabapentin, Furosemide 6.25mg BID, Semintra 5mg SID.

-Abnormal PE/Chem/CBC/UA Results: Cl 113, BUN 42, Urine Protein 0.1.

-Pertinent previous echo findings (2/2023 EL): MR with mild LAE and myocardial remodeling.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The LV is mildly dilated. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled. Systolic function is adequate. The left atrium is severely dilated and bulbous in appearance. No obvious smoke seen in the LA. The left auricle is dilated as well. Mild central mitral regurgitation. The right atrium is severely dilated. The right ventricle appears largely normal. Mild tricuspid regurgitation. Blood flow through both the LVOT and RVOT are both low normal in velocity. 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)	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	7.3	200	0.50	2.1	0.43	38	70
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	2.0	2.3	2.2		1.0	0.6	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 finding of biatrial enlargement in the face of normal LV wall thickness is most consistent with Unclassified Cardiomyopathy (UCM); however, some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. No significant hypertrophy is noted ruling out typical hypertrophic disease. MR and TR are noted which are likely secondary to annular stretch. 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. Scant pericardial effusion suggests early decompensation. No additional issues are identified. Compared to the prior study, there is evidence of significant progression.

Prognosis is guarded to poor long term even without reported symptoms. 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.



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Elective anesthesia, fluid or steroid therapy should be avoided in this case due to high risk for complication.

SPECIES

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PLAN

Screening BP. 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. Continue Lasix with a dose increase: administer 12mg am, 6.25mg pm. If patient is or becomes unstable, hospitalization is recommended.

BREED

DSH

Recheck renal values and ideally a repeat ECG in 10-14 days to ensure tolerance of medications, then every 3-4 months lifelong. If eating well at home and BP >130mmHg, consider addition of vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h.

SEX

Male Neutered

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if clinical issues arise.

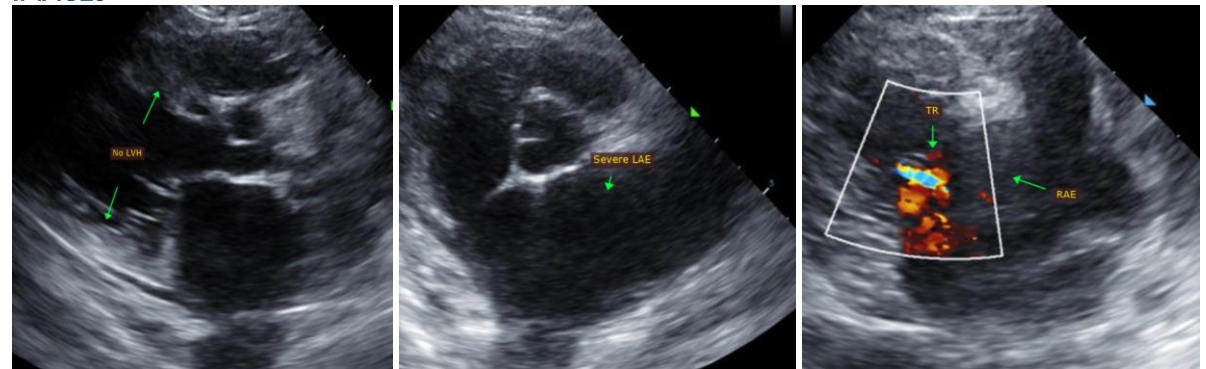
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IMAGES

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(Cardiology)

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.

IMAGING PERFORMED BY

Jessica Miller

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.

HOSPITAL NAME

Marsh Animal
Hospital

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