



PATIENT

Dexter Cox

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

12.10 years

PRESENTING CLINICAL SIGNS

History: Presented 4/20 for loss of appetite, some coughing. No murmur; No arrhythmia Increased respiratory effort. Intermittent open mouth panting.

-Quick thoracic ultrasound probe revealed significant pleural effusion with left ventricular enlargement. -Abnormal PE/Chem/CBC/UA Results: 4/20/23 IH BW showed CBC - Stress leukogram with mild to moderate lymphopenia 0.39 (.83-9.10) and low eosinophils; Chemistry profile - WNL except: ALKP 125 (10-90) ALT 136 (20-100).

*Pt was given 0.12ml of Torb (0.4 mg/kg) and was still fractious. Gave 1ml equaling 4mg/kg of alfaxalone IM. During the study, the patient went into cardio-pulmonary arrest and was unable to be resuscitated.

ECHOCARDIOGRAM FINDINGS * *Limited exam performed due to above history.*

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mild to moderately increased in dimension. Decreased LV chamber size with adequate function. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is no obvious left atrial enlargement present, although standard views are not obtained. No obvious right atrial enlargement present. Normal RVOT velocity. Trace AI. No pericardial effusion noted. Large volume pleural effusion appreciated. No obvious cardiac tumors.

CARDIAC CHART

WEIGHT

6.4lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA McKenzie
Animal Hospital

REFERRING VET

Dr. Arpaia

INVOICE

30360

DATE

4/20/23

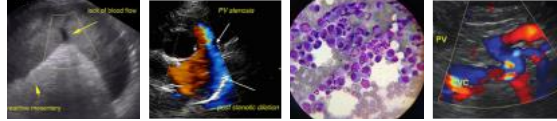
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	2.9	NM	0.68	1.0	0.65	50	92
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO 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	<1.3	<1.3		NM	0.7	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 finding of LV hypertrophy and a decreased LVID dimension is most consistent with pseudohypertrophy due to hypovolemia (i.e., secondary to current effusions); however, early cardiomyopathy is also a possibility. Both atria appear normal, **making CHF unlikely in this case.**

Regarding cardiopulmonary arrest that developed in this case, no obvious cardiac cause is identified in this study. The patient was mildly tachycardic during the initial images, which may have been stress-related or may have reflected a true arrhythmia. The former is suspected although this is difficult to determine in hindsight. The degree of pleural effusion was significant and my assumption is the combination of large volume effusion, stress and sedation may have been the perfect storm to lead to complications. The sedatives used were cardiac protective and appropriate based upon the history of a fractious cat.



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Consider sampling of the effusion for a better understanding of possible systemic disease that may have contributed. A necropsy is recommended for further information.

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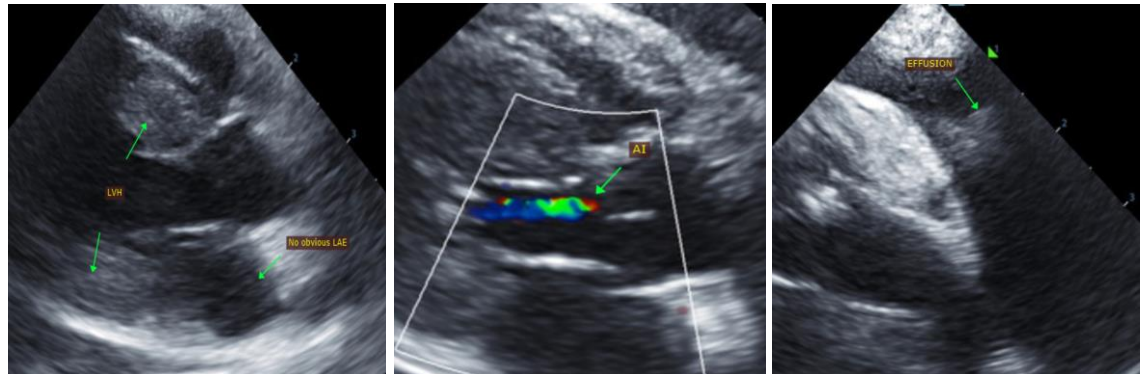
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IMAGES



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.

Maggie Machen Lamy, DVM
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