



PATIENT

Eollin Deneault

SPECIES

Feline

BREED

Sphynx

SEX

Male Neutered

AGE

7 years

WEIGHT

10lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Fairfax Ridge Animal
Hospital

REFERRING VET

Dr. Jarrett

INVOICE

30357

DATE

4/20/23

PRESENTING CLINICAL SIGNS

History: The cat presented on Saturday for trouble breathing. Chest films showed very enlarged heart and pulmonary edema. The cat was given Lasix and is breathing much better now.

ECHOCARDIOGRAM FINDINGS *Limited exam due to patient instability

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with regions of irregularity and thinning. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled. Systolic function is adequate depending on heart rate. The left atrium is markedly dilated and bulbous in appearance. No obvious smoke. Mild mitral central regurgitation due to annular stretch. The right atrium is moderately dilated with no obvious smoke. The right ventricle is mildly affected. Blood flow through the LVOT is normal in velocity. Scant pericardial effusion. No obvious pleural effusion. **Intermittent rapid tachycardia throughout.**

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	4.5	300	0.36	1.7	0.47	41	80
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	>3.0	>3.0	2.9		0.7	NM	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 marked biatrial dilation in the face of normal LV wall thickness and adequate systolic function is most consistent with Unclassified Cardiomyopathy (UCM); however, end-stage HCM or some infectious or inflammatory insult to the myocardium cannot be definitively ruled out. There is normal wall thickness, ruling out typical hypertrophic disease. The RA is also significantly dilated, which may be primary or due to the arrhythmia. Pericardial effusion suggests this patient remains unstable and hospitalization should be considered.

An additional concerning finding in this case is intermittently sustained tachycardia with periods of **heart rates up to 300bpm**. This may reflect SVT, VT or atrial fibrillation. The importance of a screening ECG cannot be stressed enough. **This patient is no question in need of rate control therapy; however, a diagnosis must be made prior to selecting the appropriate medication.** The patient is extremely unstable with heart rates this high and is at high risk for CHF, blood clot and/or sudden death in the near future.

Elective anesthesia is contraindicated.



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PLAN

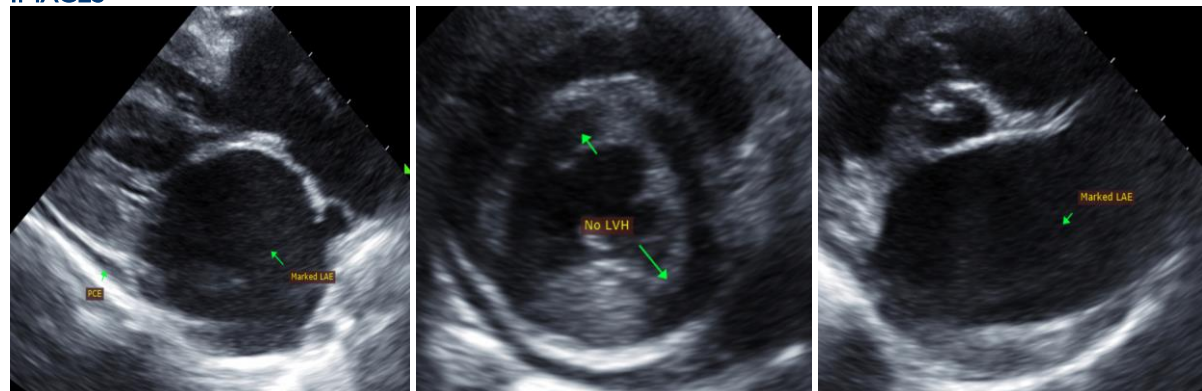
ECG strongly recommended to determine what antiarrhythmic therapy is indicated. If this cannot be done at your facility, immediate referral is advised. Hospitalization is also recommended for ECG monitoring, supportive care and injectable therapy.

Once stable, discharge on the following oral medications: Institute Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety). Administer Lasix to 1-2mg/kg PO q12h. Institute Pimobendan at 1.25mg PO q12h.

Recheck renal values and BP in 10-14 days, then every 3-4 months lifelong. Once deemed normotensive and doing well at home, consider addition of an ACEI 0.5mg/kg PO q12h. Monitor at home for any progressive labored breathing and/or signs of clot recurrence (limb paralysis, neurologic changes, etc.).

Recheck echocardiogram in 6 months once stable on oral medications to reassess 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.

Maggie Machen Lamy, DVM
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