



PATIENT

Salem 62258a

SPECIES

Feline

BREED

DSH

SEX

Female Intact

AGE

10 weeks

WEIGHT

2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

A. Nicastro, DVM

HOSPITAL NAME

Charleston Animal
Society

REFERRING VET

Dr. Pelletier

INVOICE

30365

DATE

4/20/23

PRESENTING CLINICAL SIGNS

History: Grade 4/6 heart murmur.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is decreased in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The systolic function is depressed. The papillary muscles are mildly remodeled. The left atrium is significantly dilated. A proximal chamber is identified most consistent with Cor Triatriatum Sinister (CTS). Flow can be seen through the membrane with a mildly dilated proximal chamber. The mitral valve is thickened with abnormal closure, consistent with dysplasia. Moderate MR. Normal velocity. Trace TR. Normal velocity. The right atrium is normal. The right ventricle appears normal. Blood flow through both the LVOT and RVOT are normal in velocity. No pericardial effusion seen. No pleural effusion.

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	0.91	NM	0.37	1.36	0.36	31	60
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	2.0	1.2		1.0	0.9	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

Complex congenital heart disease is present with dysplasia of the mitral valve and Cor Triatriatum Sinister (CTS) suspected. MV dysplasia with abnormal closure is seen resulting in significant MR. A mild stenotic component cannot be ruled out. The quantity of MR is significant and has led to left atrial enlargement at a very young age. The presence of CTS implies a ridge of tissue is present within the left atrium creating a proximal and distal chamber. Flow throughout the region is intact with mild dilation of the proximal region. Typically, with this abnormality, the distal chamber is small; however, presumably this is also dilated due to MR. The remainder of the study is largely normal, although small defects are easily missed in complex cases and may still be present.

Given the unusual nature of these findings, highly recommend referral to a local Cardiologist for advanced diagnostics in this case (echo, bubble study, angiogram, etc.). The goal would be to definitively understand the pathology, ensure no additional pathology is present, and discuss advanced treatment/lifelong monitoring. That being said, in a rescue situation this may not be possible particularly given a grim prognosis overall.



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Based upon what is seen here, use of medications would be reasonable as the risk for CHF is elevated. That be said, this patient is extremely young, and I would wait until at least 4 months of age to initiate if possible. CHF is possible at any time and close monitoring is recommended. **Euthanasia should be considered if and when quality of life suffers given the totality of the situation.**

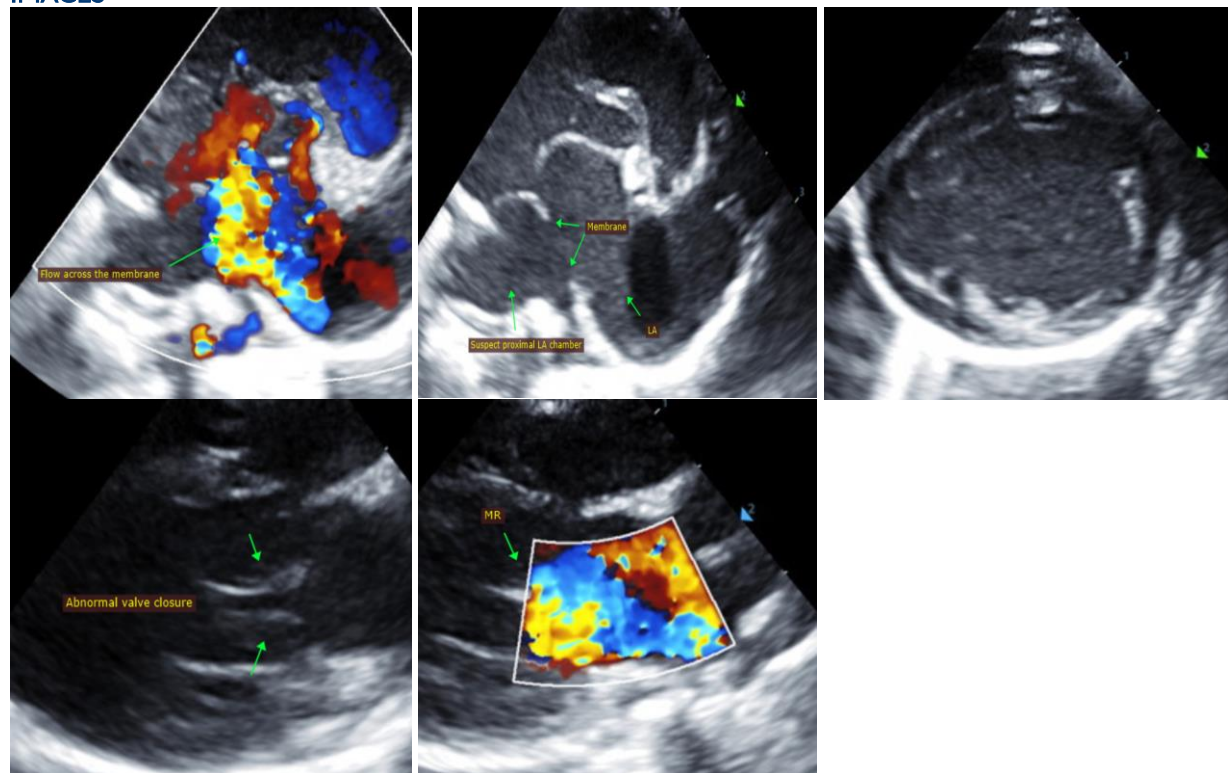
Patient will always be at risk for recurrent CHF (likely right-sided), development of arrhythmias, blood clot events, syncope and/or sudden death in the future. Anesthesia is NOT advised.

PLAN

Consider referral to a facility with a Cardiologist. If declined, once 4 months of age, institute Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth coat in entirety). Institute Lasix 1mg/kg PO q12h. Institute Pimobendan 0.625mg PO q12h. If and when quality of life suffers and/or CHF develops euthanasia should be considered.

Recheck echocardiogram in 6 months if patient continues to do well.

IMAGES





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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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