



PATIENT

Goosey Regbo

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

13 years

WEIGHT

10.1lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Newton Veterinary
Hospital

REFERRING VET

NP

INVOICE

23802

DATE

4/21/22

PRESENTING CLINICAL SIGNS.

History: Pulmonary edema, respiratory distress
-Abnormal PE/Chem/CBC/UA Results: BUN 58, Phos 9.2. UA: trace protein, USPG 1.055.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is borderline normal. There is a mildly hyperechoic endocardium consistent with fibrosis and ventricular remodeling. The left ventricular chamber is normal in dimension. The papillary muscles appear remodeled. The left atrium is normal. The right atrium is minimally enlarged. The right ventricle appears remodeled and enlarged with significant RVH. Septal flattening in systole. Trace tricuspid regurgitation. The mitral valve is normal in structure and mobility. There is no mitral regurgitation present. Blood flow through the RVOT and LVOT is normal in velocity. The MPA appears dilated. No AI/PI. No obvious cardiac tumors or effusions.

CARDIAC CHART

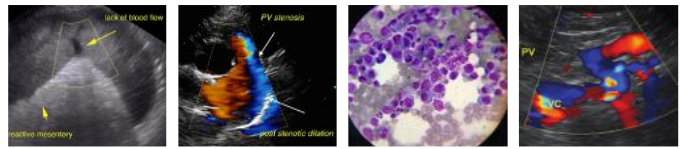
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.6	190	0.50	1.44	0.53	50	92
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO 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	1.2	0.9		0.65	0.6	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 primary finding is evidence of pulmonary hypertension. The RV is enlarged with septal flattening suggesting pressure overload. The MPA is also dilated, further supporting this diagnosis. While the exact gradient is unable to be quantified, suspicion is at least moderate PAH is present. This has likely developed secondary to respiratory disease, although a chronic history is not provided. A PTE cannot be ruled out as an exacerbating issue, although is considered unlikely. The left heart is unremarkable, without left atrial enlargement.

The reported CXR results are confounding, with pulmonary edema being extremely unlikely in this case. Right-sided heart failure would be a possibility; however, the right atrium is not significantly enlarged. My assumption is this is a case of primary respiratory disease with secondary pulmonary hypertension, making Lasix likely unnecessary. **Strongly recommend a Radiologist review of the films in this case for a more extensive pulmonary interpretation.** If respiratory disease is confirmed, primary respiratory treatment such as Azithromycin, anti-inflammatory steroids, oxygen support, etc. are recommended. In addition, treatment with



PATIENT

Goosey Regbo

Sildenafil is recommended given the echo results. Clinical signs of PAH include exertional dyspnea or collapse, and these should be monitored for lifelong.

SPECIES

Feline

Monitor the patient closely for any progressive decline in breathing rate/effort, exertional syncope, etc.

BREED

DSH

Prognosis is guarded long term given the complexity of issues. There will always remain risk for progression to right-sided CHF (difficult to discern in cats with concurrent respiratory disease), development of blood clots and/or malignant arrhythmias/sudden death in the future.

SEX

Male Neutered

Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

PLAN

Strongly recommend Radiologist review of the films. If respiratory disease is suspected, consider primary treatment as discussed. Institute sildenafil 1-2mg/kg PO q8-12h.

AGE

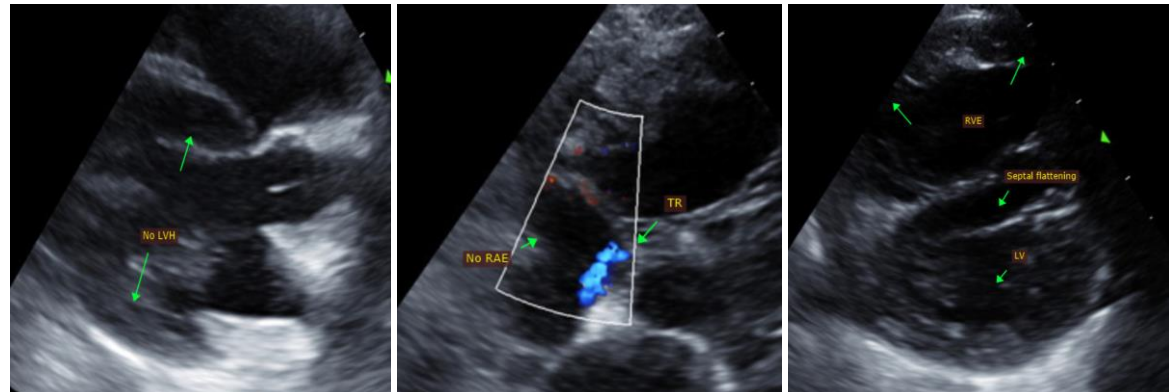
13 years

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

WEIGHT

10.1lbs

IMAGES



INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Newton Veterinary
Hospital

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.

REFERRING VET

NP

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

INVOICE

23802

DATE

4/21/22



PATIENT

Goosey Regbo

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

13 years

WEIGHT

10.1lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Diane McFadden

HOSPITAL NAME

Newton Veterinary
Hospital

REFERRING VET

NP

INVOICE

23802

DATE

4/21/22