



## PATIENT

Squee Wojcik

## SPECIES

Feline

## BREED

DSH

## SEX

Male Neutered

## AGE

8 years

## WEIGHT

11.7lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Kelly Vazquez, CVT

## PRESENTING CLINICAL SIGNS

History: Presented to E.R. facility for respiratory distress and severe pleural effusion. Tachycardia and intermittent VPCs seen on telemetry; concern for HCM. Chest was tapped at that time.

-Current medications: Lasix and Pimobendan.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Moderate left ventricular dilation with diminished systolic function. The LV wall thickness is mildly decreased. Severe left atrial enlargement. No obvious smoke seen. The mitral valve appears normal in form and function, with no obvious prolapse into the left atrial lumen. Trace central mitral regurgitation. The tricuspid valve appears normal in form and function. Severe right atrial dilation. Moderate tricuspid regurgitation. The aortic valve is normal in morphology and mobility. Decreased RVOT velocity. No pericardial effusion noted. Pockets of pleural effusion noted. No obvious cardiac tumors. Rapid heart rate throughout.

## CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.3	260	0.32	1.9	0.32	5	12
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	2.5	2.1		NM	0.5	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 &amp; 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>							

## HOSPITAL NAME

Ringwood Animal Hospital

## REFERRING VET

Dr. Wilkes

## INVOICE

30379

## DATE

4/21/23

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, this patient has end-stage cardiomyopathy and biventricular systolic dysfunction. This is causing dilation and overload of all 4 chambers, resulting in insufficiency of the AV valves. The degree of dilation and pump failure is resulting in congestive heart failure based upon pleural effusion. **A marked tachycardia is noted throughout the study, and a repeat ECG is strongly recommended as anti-arrhythmic therapy is most likely warranted.**

In cats, systolic failure can be primary in nature (DCM); however, this is relatively uncommon. An advanced form of restrictive cardiomyopathy (RCM) with development of systolic dysfunction is also possible. Finally, systolic failure can develop secondary to taurine deficiency, myocarditis, or infiltrative disease such as lymphoma. Taurine deficiency is highly uncommon in cats on commercially prepared cat foods; however, can consider taurine supplementation in case of an absorption issue.



## PATIENT

Squee Wojcik

## SPECIES

Feline

## BREED

DSH

## SEX

Male Neutered

## AGE

8 years

## WEIGHT

11.7lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Kelly Vazquez, CVT

## HOSPITAL NAME

Ringwood Animal  
Hospital

## REFERRING VET

Dr. Wilkes

## INVOICE

30379

## DATE

4/21/23

These findings support the diagnosis of congestive heart failure and immediate lifelong cardiac support is recommended as below. Pleural effusion persists, and if necessary, a repeat tap should be performed. Continued hospitalization is recommended with ECG monitoring, oxygen support and injectable therapy. Prognosis is poor to grave at this stage in the disease process, with an average survival time of <6 months. Most cats are able to maintain a good QOL for some time however on oral medication. High risk for recurrent CHF, development of blood clot events and/or malignant arrhythmias/sudden death at home should be discussed.

Monitor for development of labored breathing, limb paralysis/neurologic changes and/or collapse episodes in the future. Periodic Thoracocentesis will be necessary going forward. Monitoring of sleeping breathing rates at home is recommended to assess response to medications and recurrence of CHF in the future.

## PLAN

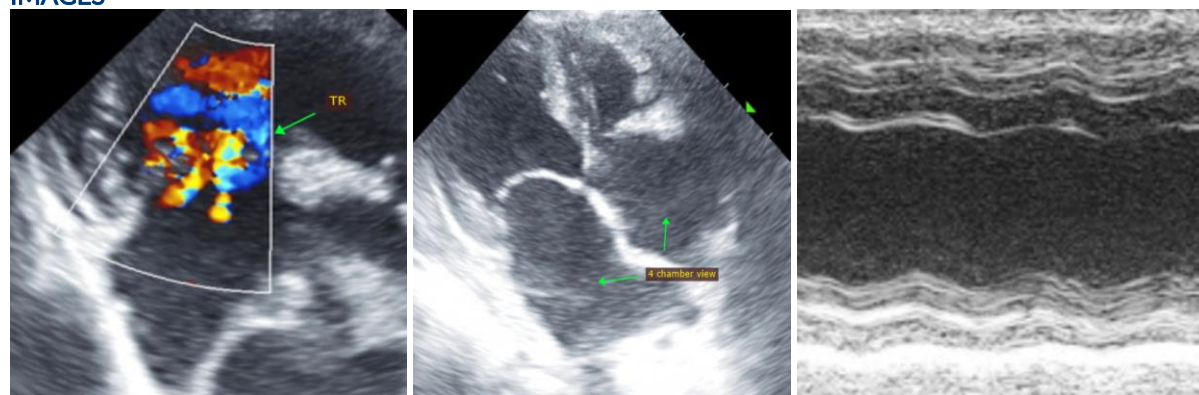
Immediate ECG recommended to determine if and what ant-arrhythmic therapy is warranted. Continued hospitalization for stabilization with injectable Lasix and Pimobendan. Once stable, discharge on the following: institute Lasix/furosemide 1-2mg/kg PO q12h. Institute anti-coagulant Plavix/Clopidogrel 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety). Institute heart muscle support Pimobendan 1.25mg by mouth every 12 hours (off label use). Consider supplement taurine 500mg daily.

Recheck renal panel and BP in 1-2 weeks then every 3-4 months lifelong. Do not utilize an ACEI in this patient. If patient continues to have respiratory changes at home, addition of spironolactone is recommended 1-2mg/kg PO q12h.

\*NOTE: Many cats are difficult to medicate, and multiple medications can be overwhelming. If there is difficulty at home, Lasix and Plavix are considered most important. Consider compounding if needed.

Recheck echocardiogram in 6 months to reassess cardiac function.

## IMAGES





**PATIENT**

Squee Wojcik

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.

**SPECIES**

Feline

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.

**BREED**

DSH

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

**SEX**

Male Neutered

**AGE**

8 years

**WEIGHT**

11.7lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING  
PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Ringwood Animal  
Hospital

**REFERRING VET**

Dr. Wilkes

**INVOICE**

30379

**DATE**

4/21/23