



## PATIENT

Theo Mansanarez

## SPECIES

Feline

## BREED

DLH

## SEX

Male Neutered

## AGE

10 years

## WEIGHT

16.4lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Kelly Romero

## HOSPITAL NAME

Fort Collins  
Veterinary  
Emergency Hospital

## REFERRING VET

Dr. Romero

## INVOICE

23831

## DATE

4/22/22

## PRESENTING CLINICAL SIGNS

History: Recently moved here. History of feline herpes and has flair ups with stress. Responded to famciclovir in March and hadn't been having respiratory sounds. Owner found collapsed with increased saliva. Howled when getting him up. Had a possible "seizure-like" episode in January. Blood work at that time showed mild inc. fpLI and that had been previously elevated, so suspecting some underlying pancreatitis - has been on a unique protein diet. T4 was 2.5 and had gone up since last blood work. BP: 140mmHg.

-Radiographs: Mild cardiomegaly, diffuse bronchointerstitial to patchy interstitial pattern; rule out CHF (Lasix trial recommended) versus lower airway disease.

-Blood work: WBC 24K, K 3, glucose 177, BUN 32.6, creat 1.5 (still WNL up to 1.8).

-Current medications: Has responded to O2 and furosemide. Currently planning to send home with furosemide 12.5mg TID, Plavix 18.5mg daily, pimobendan 1.25mg BID.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension with a focal septal thickening. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is borderline left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. There is no

## 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	7.44	NM	0.62	1.24	0.57	52	86
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	1.8	1.3	1.3		1.5	1.1	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>							

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both have been considered in this case, making primary changes likely. Regardless, the degree of disease is mild, with a focal septal thickening and no significant LA dilation. This would indicate the risk for clinical issues is low at this time. No additional issues are identified.

These findings would suggest CHF as a sole issue is unlikely in this patient. That being said, if the respiratory signs resolved with only Lasix therapy, this should be continued until serial



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assessment shows stable mild disease. The Radiologist evaluation appears equivocal for CHF versus lower airway disease. If only Lasix has been given, repeat films are recommended for serial pulmonary evaluation. The dose of Lasix is quite high, and an adjustment is recommended as below. If respiratory signs recur, reassessing CXR is strongly recommended (ie to compare to baseline).

**SPECIES**

Feline

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

**BREED**

DLH

**SEX**

Male Neutered

**AGE**

10 years

**PLAN**

A screening blood pressure and T4 are recommended every 6 months lifelong. Consider repeat films to establish a baseline now that clinical signs have resolved. If this improvement was solely due to Lasix, this should be continued at 12.5mg PO q12h. No obvious need for Plavix prior to LA dilation and this can be discontinued. Finally, if Lasix is continued Pimobendan can also be continued as prescribed.

**WEIGHT**

16.4lbs

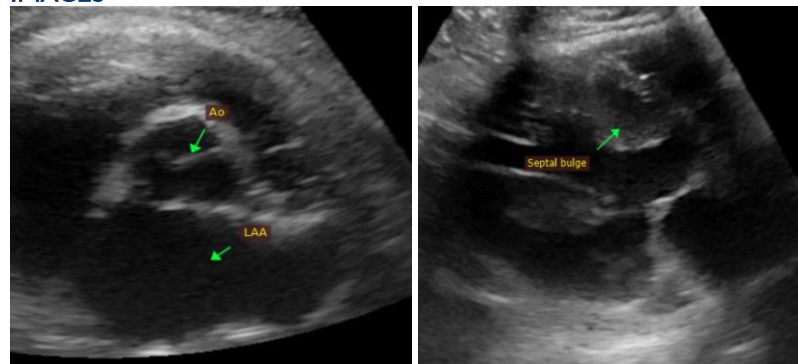
If any recurrence of respiratory signs, reassessment via CXR is advised.

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

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(Cardiology)

**IMAGES**



**IMAGING PERFORMED BY**

Kelly Romero

**HOSPITAL NAME**

Fort Collins  
Veterinary  
Emergency 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**

Dr. Romero

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.

**INVOICE**

23831

**DATE**

4/22/22

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