



PATIENT

Duncan Meisel

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

NP

WEIGHT

9.5lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Pawsitive Wellness
 Veterinary Care

REFERRING VET

Dr. Hardy

INVOICE

23689

DATE

4/25/22

PRESENTING CLINICAL SIGNS

History: Presented 4/15/2022 to ER for acute saddle thrombus (o was home with patient). After much discussion o elected pain management and blood thinners. P quickly regained function overnight (as well as deep pain). Came into clinic 4 days later for recheck. Right sided grade 3/6 murmur heard that was not heard months prior.

-Current Medications: Gabapentin BID, Clopid 75mg 1/4 SID.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip.

Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 250bpm with a regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Sinus tachycardia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension with regions of remodeling. There is a diffusely hyperechoic endocardium consistent with fibrosis. The systolic function is significantly decreased. The papillary muscles are mildly remodeled. The left atrium and auricle are markedly dilated and bulbous in appearance. Smoke is visualized in the LA body. A thrombus is suspected in the tip of left auricle, although this is difficult to confirm. The right atrium is mildly enlarged. Mild central mitral regurgitation. Mild TR. Velocity consistent with mild pulmonary hypertension. Blood flow through both the great vessels is normal in velocity. Scant pericardial effusion seen. No obvious pleural effusion.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (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	4.3		0.54	1.7	0.59	16	37
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	2.5		0.86	0.53	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 significant biatrial enlargement without significant hypertrophy is most consistent with Unclassified Cardiomyopathy (UCM); however, burn out HCM can only also have this appearance. The LV function is depressed, indicating end-stage disease. The degree of left atrial dilation is severe, and a thrombus is suspected in the left auricle which would support the recent thrombus suspicion. Mild pulmonary hypertension is noted, which is not surprising the degree of



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disease. Finally, scant pericardial effusion is noted, which reflects an unstable patient. The ECG shows a sinus tachycardia which should be monitored going forward.

The finding of this degree of disease confirms the origin of the effusion/prior clinical signs is cardiogenic and immediate lifelong medications are warranted as below. The finding of a clot puts this patient at exceedingly high risk for a recurrent thromboembolic event and/or sudden death regardless of medications and this should be expressed to the owner (monitor for neurologic change, acute paralysis/lameness, etc.). Referral to a specialty facility should be offered, as heparin therapy may be warranted. If able to be stabilized, the prognosis is poor to grave, with a mean survival time for cats with CHF <6 months, however most are able to maintain a good quality of life on medications if stabilized. There will always remain risk for recurrent episodes of CHF and development of blood clots in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

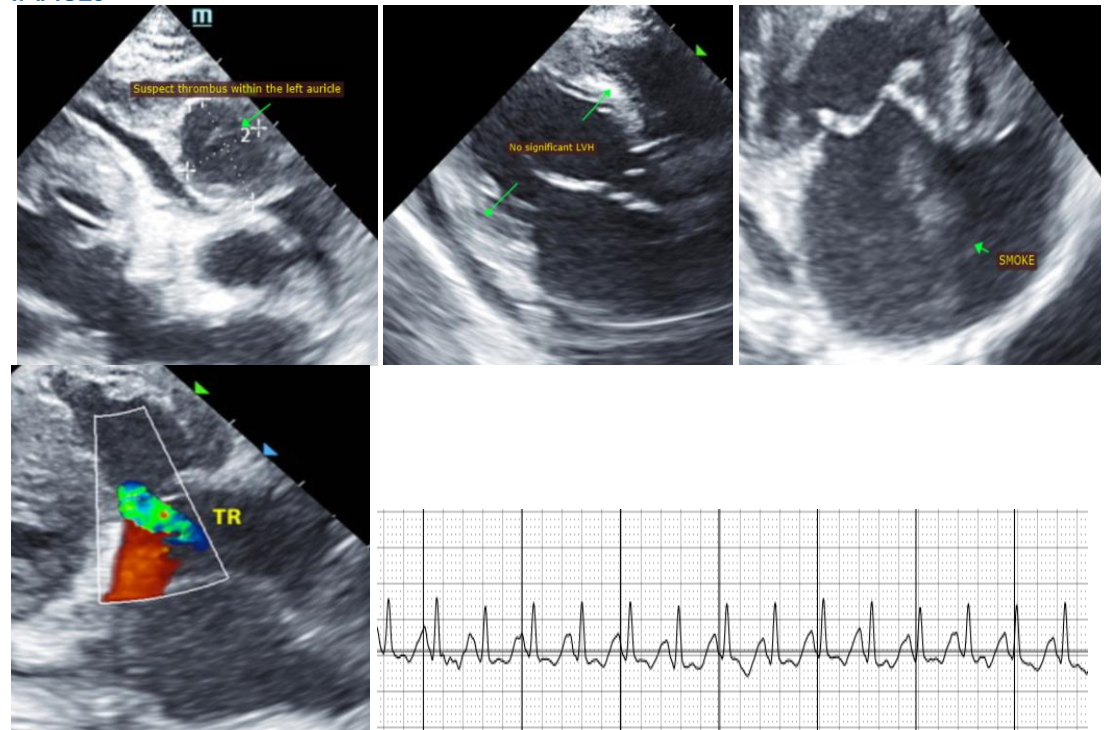
PLAN

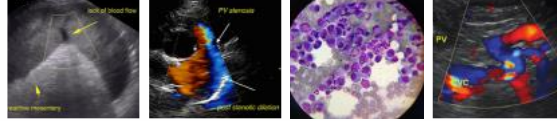
Consider hospitalization, referral etc. as discussed. Oral medications: Furosemide 1-2mg/kg PO q12h. Continue (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Institute Pimobendan (off label use) 1.25mg PO q12h. Institute spironolactone 1-2mg/kg PO q12h. Do not utilize an ACEI in this case.

Recheck renal values/BP in 10-14 days, then every 4-6 months lifelong to ensure tolerance of medications.

A recheck echocardiogram is recommended in 4-6 months to assess for progression.

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.

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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.

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DLH

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

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