


PATIENT

Bandit Roefs

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

6 years

WEIGHT

24.3lbs

PRESENTING CLINICAL SIGNS

History: Presented to local emergency clinic April 18/23 with diagnosis of acute saddle thrombus (R hind worse than L hind) and radiographs consistent with congestive heart failure. No heart murmur heard. Exam at RDVM Friday April 21, 23 cat was able to support weight and walk reasonably well. Very hard to hear heart at that time, HR approx 200, no increased resp rate effort.

-Current medications: Furosemide 10mg BID, Clopidogrel 15mg SID, oral Buprenorphine and oral Gabapentin.

-Abnormal PE/Chem/CBC/UA Results: ALT elevated 604(12-130), elevated Cholesterol 6021(1.68-5.81), Elevated Retics. R

-Radiographs (4/18/23): Showed dilated L atrium and pulmonary edema.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately hypertrophied with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy. The right ventricle appears normal. There is moderate left atrial enlargement present with a horizontal component. No obvious smoke. No right atrial enlargement present. There is systolic anterior motion (SAM) of the mitral valve present creating a significant LVOT obstruction. There is mild to moderate eccentric mitral regurgitation present secondary to SAM. No TR, AI or PI. No pericardial or pleural effusion noted. No obvious cardiac tumors.

CARDIAC CHART
INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

 Ingersoll Veterinary
 Services

REFERRING VET

Dr. Prystayko

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LWVd (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	6.9	150	0.70	1.5	0.73	57	82
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view Base view (cm) <small>(Abbott)</small>		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	2.2	1.8	1.9		3.6	1.7	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 diagnosis is hypertrophic obstructive cardiomyopathy. This indicates LV thickening (moderate in this case) with a dynamic LVOT obstruction (SAM). There is a significant obstruction and moderate left atrial dilation, indicating the risk of spontaneous CHF and/or a thrombotic event is and will be elevated lifelong. No additional structural issues are identified.

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Given these findings, the prior diagnosis of CHF is supported, and medications should be continued life-long. It is worth mentioning that development of a cardiogenic thrombus and CHF is typically unlikely with moderate disease; however, if radiographic and physical exam evidence were suggestive this is assumed. Use of Atenolol is recommended given a significant obstruction. This should only be utilized if the patient is stable at home on diuretic therapy. The prognosis is poor for cats with CHF long term; however, most are able to be managed for an average of 6-12 months on medications if tolerated. Cardiogenic thrombi carry a much more grave outcome, with most cats experiencing a recurrent event within weeks. Should this develop, euthanasia is recommended.

Monitor at home for any respiratory signs or sign of blood clot events (neurologic change, paralysis, etc.).

PLAN

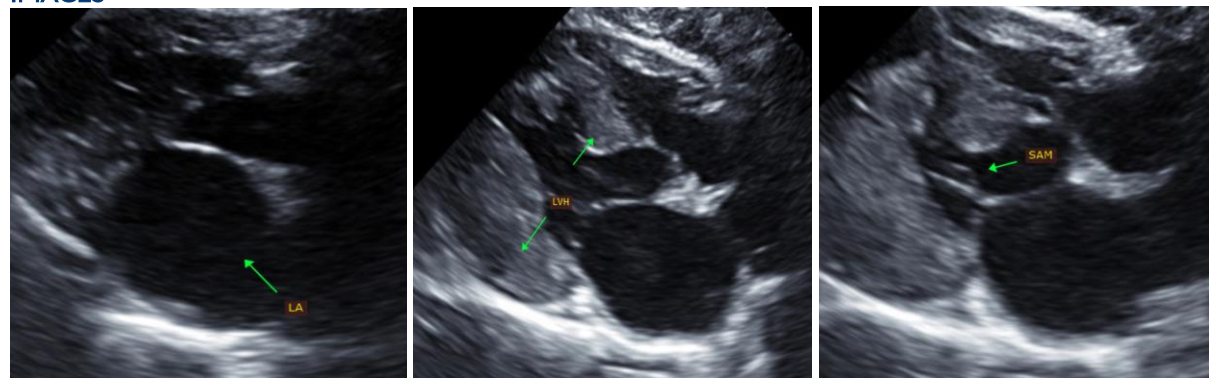
Continue Lasix and Plavix as prescribed. Institute titrating dose of atenolol: 25mg tablets; Give ¼ tab once daily. Recheck heart rate in 1-2 weeks with target stressed rate of 140-160bpm 12-24 hours post-administration. Increase as needed until target reached. Baseline BP and T4 are recommended every 6 months.

Monitor PE, BP, renal panel and heart rate in 10-14 days.

Recheck heart rate in 1-2 weeks with target stressed rate of 140-160bpm 12-24 hours post-administration. Increase as needed until target reached.

Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues arise.

IMAGES



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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