



PATIENT

Bear Dwyer

PRESENTING CLINICAL SIGNS

History: Abdominal breathing, constipated, vomiting food, raspy lungs. HR 165, RR 50.

-Current medications: Lactulose, clavaseptin.

SPECIES

Feline

-Radiographs: m3 firm stool in distal rectum increased distal lung field opacity caudal ventral abdomen 1/4cm circular r/o calcified mass left lateral thoracic Xray - M3 fluid in ventral thorax obscuring heart.

BREED

DSH

SEX

Male Neutered

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is severely increased in dimension, although difficult to visualize extensively. The papillary muscles are difficult to visualize. Systolic function is adequate. The left atrium is markedly dilated and bulbous in appearance. No obvious smoke in the LA. No mitral regurgitation. The right atrium is markedly dilated with no obvious smoke. The right ventricle is difficult to visualize. Blood flow through the LVOT and RVOT is decreased in velocity. Pericardial effusion is suspected. No obvious pleural effusion is seen; however, this is not ruled out. No obvious cardiac tumor.

AGE

6 years

CARDIAC CHART

WEIGHT

16.1lbs

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	7.3	200	0.87	1.4	0.85	43	78
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	2.3	2.4	2.2	0.7	0.4	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.

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Main Street Animal
Hospital

REFERRING VET

Dr. Morris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic Cardiomyopathy is identified with severe LV thickening and marked biatrial enlargement. Image quality is lacking in this study likely due to patient instability; however, this is presumed diagnosis. Biatrial dilation indicates high risk for complication and confirms the origin of the clinical signs is CHF. Hyperthyroidism and hypertension should both be ruled as contributing factors; however, in a relatively young animal these are considered unlikely.

INVOICE

30059

DATE

4/5/23

Immediate stabilization and life-long medications are warranted as below. This patient likely requires hospitalization and immediate thoracocentesis/O2 therapy depending on patients' stability. Assuming the patient is able to be stabilized, the long-term prognosis is poor even with medications; however, most cats are able to maintain a good quality of life for some time on medications if tolerated. There will always remain risk for episodes of



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Bear Dwyer

CHF and development of blood clots in the future. Patient will always be at risk for recurrent CHF, development of blood clots and/or malignant arrhythmia/sudden death in the future.

SPECIES

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Monitoring of sleeping breathing rates at home is recommended as the best way to screen for progression to CHF at home. Tolerance of medications in geriatric cats is always of concern, and blood values must be watched carefully. Elective anesthesia should be avoided.

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PLAN

Immediate therapeutic thoracocentesis if pleural effusion is confirmed. Consider referral for hospitalization. In hospital: Supportive care through oxygen support, monitoring renal values, IV Lasix therapy (bolus or CRI) and oral medications.

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Discharge on oral medications: Institute Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety). Lasix 1-2mg/kg PO q8h for 3 days, then decrease to q12h if doing well. Institute Pimobendan 1.25mg PO q12h.

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Once stabilized/discharged, recheck renal values and BP in 10-14 days, then every 3-4 months lifelong. Once deemed normotensive with a BP >130mmHg, consider addition of an ACEI 0.5mg/kg PO q12h. Monitor at home for any progressive labored breathing and/or signs of clot recurrence (limb paralysis, neurologic changes, etc.).

WEIGHT

16.1lbs

INTERPRETED BY

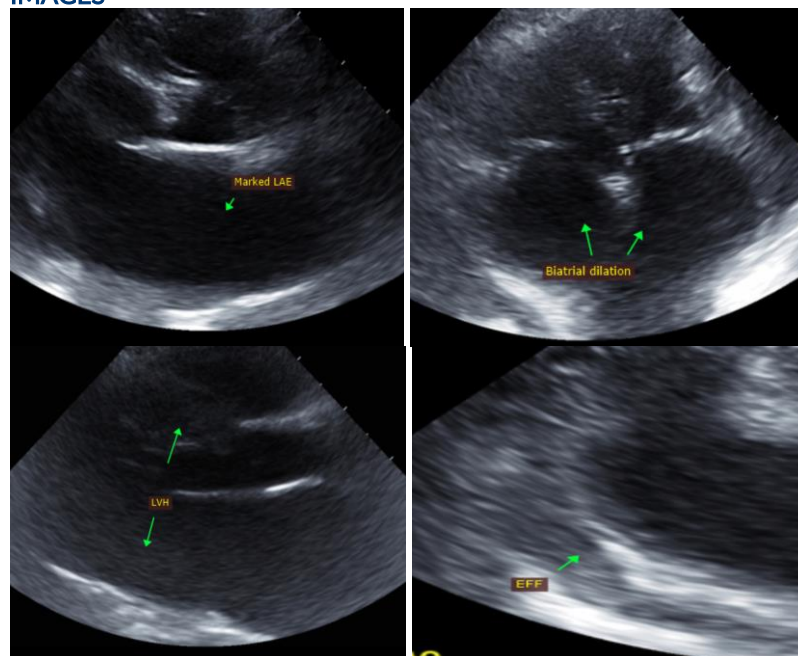
Maggie Machen Lamy,
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Recheck echocardiogram in 6 months once stable on oral medications to reassess for progression.

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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.

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

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SEX

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