



PATIENT

Maya Gilson

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

9 years

WEIGHT

NP

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Karen Ebersole,
DVM, DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Moore

INVOICE

30085

DATE

4/6/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Had been stable until owner noticed an increase in RRR to 32. RDVM did brief recheck, saw pleural fluid, and increased Lasix dose (2 weeks ago).

-Current medications: Lasix 10mg in AM, 5mg in PM; Pimobendan 1.25mg BID. Tried Plavix but was drooling excessively and gagging. Owner opts to not try and give Plavix, understands the risks.

-Pertinent previous echo findings (11/2022 MD): UCM with biatrial enlargement. LA: 1.7, IVSd: 0.61, LVWd: 0.57.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with borderline hypertrophy overall. There is a mildly hyperechoic endocardium consistent with fibrosis. The LV chamber is normal in dimension; however, mild LV dysfunction is noted. The papillary muscles are mildly remodeled. The left atrium is moderate to severely dilated and bulbous in appearance. No obvious smoke. The right atrium is moderately dilated. The right ventricle appears prominent. The MPA appears normal. The mitral valve is normal with no significant MR. Blood flow through both the LVOT and RVOT is normal in velocity. No TR. Scant pericardial effusion seen. Small pockets of pleural effusion. Hepatic congestion suspected on subcostal views. No obvious cardiac tumors.

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	NP	180	0.60	1.2	0.58	37	70
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	2.1	1.7		1.3	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 & 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

Compared to the prior study, findings appear similar. Both atria are significantly dilated with minimal LV hypertrophy. I agree this is most consistent with an unclassified cardiomyopathy given a lack of significant LVH. Scant pericardial and pleural effusion are noted, suggesting recurrent CHF. Finally mild LV dysfunction has developed, which should be monitored going forward. No additional issues are identified.

Given these findings, certainly continuing Pimobendan and diuretic therapy is recommended. Plavix was poorly tolerated, and the owner understands the risks. That being said, the reported reaction is expected if the cut edge of the pill touches the mucous membranes, and coating in



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entirety can help avoid side effects. Given recurrent effusion a dose increase in Lasix is recommended. Additionally, Spironolactone could be considered as an ancillary diuretic option. Patient will always be at risk for recurrent CHF, development of blood clots and/or sudden death in the future. Monitoring of sleeping respiratory rates (SRRs) at home is recommended as the best way to screen for recurrent CHF at home. High risk for fluid overload if utilized in the future, and cautious up-titration with SRR monitoring is advised.

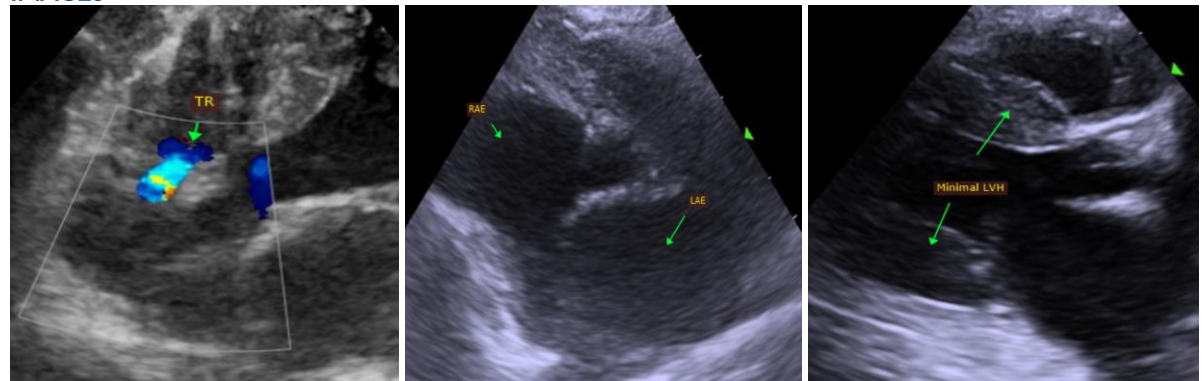
PLAN

Dose increase: administer Lasix 10mg PO q12h. Continue Pimobendan as prescribed. If elected, addition of Spironolactone is reasonable 6.25mg PO q24h.

Monitor renal values and BP every 3-4 months lifelong.

A recheck echocardiogram is recommended in 6 months to assess progression, sooner if any associated clinical signs 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.

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