



PATIENT

Misty Digrazia

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

14 years

WEIGHT

7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Karen Ebersole,
DVM, DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Sherdian

INVOICE

30090

DATE

4/6/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Not eating, lethargic, constipated. Started on Mirtazapine didn't seem to help. Abnormal PE/Chem/CBC/UA Results: ALT 246, fPL normal.
-Pertinent previous echo findings (4/2021 MML): Decreased wall thickness, fibrosis webbing consistent with RCM. No LAE, trivial TR. IVSd: 0.39, LVIDd: 1.6, LVWd: 0.36, LA: 1.1, FS: 24%.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with regions of thinning. The septum is akinetic with overall LV dysfunction. There is a diffusely hyperechoic endocardium consistent with fibrosis. Exuberant fibrous webbing through the mid-LV. The LV is moderately dilated. The papillary muscles are remodeled and irregular. The endocardium also appears remodeled. The left atrium is severely dilated. No obvious smoke. The mitral valve is normal in structure and mobility. No MR. The right atrium is mildly enlarged. The right ventricle appears mildly affected as well. Trivial TR. Blood flow through both the LVOT and RVOT are decreased in velocity. Scant pleural and pericardial effusion seen. No obvious cardiac or extra-cardiac tumors.

CARDIAC CHART

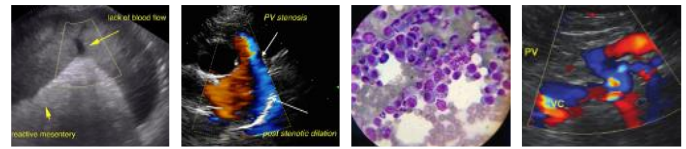
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 <small>(mean 1.5)</small>	3.5-0.55	35-67	80-100
PATIENT	3.2	190	0.30	2.4	0.29	25	50
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE <small>(Swe) (Abbott)</small>	LA 2D short axis 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	2.1	2.1	1.9		0.5	0.6	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

Compared to the prior study, there is evidence of progression. The LV morphology is similar to previous with progressive dilation and dysfunction. The LA is severely dilated, suggesting risk for CHF. The right heart is also mildly affected, although to a lesser extent. No additional issues are identified.

The finding of this degree of disease confirms the origin of pericardial and pleural effusion is spontaneous congestive heart failure, and lifelong medications are warranted as below. This patient is at high risk for thromboembolic events regardless of medications and this should be expressed to the owner (monitor for neurologic change, acute paralysis/lameness, etc.). Consider hospitalization if the patient becomes unstable.



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The prognosis is poor, with a mean survival time for cats with CHF <8-12 months, however most are able to maintain a good quality of life on medications if able to be stabilized. There will always remain risk for recurrent episodes of CHF, development of blood clots, arrhythmias, and/or sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

PLAN

Baseline BP and ECG are recommended. Consider hospitalization if the patient becomes unstable. Oral medications: furosemide 1-2mg/kg PO q12h. Institute blood thinner Clopidogrel (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.

Recheck renal values in 10-14 days to ensure tolerance of medications, then every 3-4 months lifelong.

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

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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