



PATIENT

Tavi Dockins

SPECIES

Feline

BREED

Norwegian Forest

SEX

Female Spayed

AGE

7 years

WEIGHT

20.14lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Hills Animal
Hospital

REFERRING VET

Dr. Remcho

INVOICE

23523

DATE

4/7/22

PRESENTING CLINICAL SIGNS

History: History of seizures (once every 2-4 months but some head tremors or mini-type seizures in between). Owner is currently using a CBD balm in the ear (self-prescribed).
Abnormal PE/Chem/CBC/UA Results: ProBNP: 812.

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

Morphology/MEA cannot be definitively commented on.
A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 200bpm (range 188-214bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS is low voltage. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.
ECG diagnosis: Normal sinus tachycardia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled. The LV is borderline dilated with mildly depressed myocardial dysfunction. The left atrium is severely dilated. No obvious spontaneous contrast (smoke) seen. The right atrium is normal in size. The right ventricle appears mildly increased in dimension. The mitral valve is normal in structure and mobility. Trace MR. Blood flow through both the LVOT and RVOT is normal in velocity. Scant pericardial effusion seen. No pleural effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	9.1	220	0.58	1.76	0.57	43	80
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	2.1	2.0	2.0		0.86	0.5	NM
<p>*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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of severe LA dilation in the face of borderline LV wall thickness is most consistent with Unclassified Cardiomyopathy (UCM), however some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. There is no significant LV wall hypertrophy ruling out typical hypertrophic disease. Echocardiography will be helpful to confirm the diagnosis and assess for progression going forward. The ECG is unremarkable with a normal sinus tachycardia.



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Most concerning is the finding of scant pericardial effusion, which given the degree of disease is concerning for early congestive failure. Lifelong medications are warranted as below including diuretic therapy and off-label use of Pimobendan. The mean survival time for cats once CHF develops is 8-12 months, however most are able to maintain a good quality of life on medications. There will always remain risk for recurrent CHF, development of blood clots, and/or malignant arrhythmias/sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent/impending CHF at home.

It is unclear if the reported episodes are cardiac or neurologic in origin. Seizures are suspected; however, further historical information may be helpful.

Elective anesthesia is not advised. Fluid or steroid therapy are contraindicated.

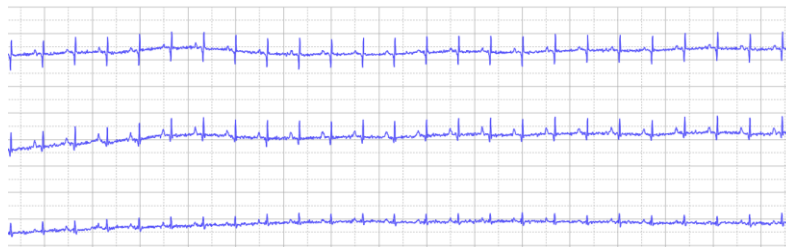
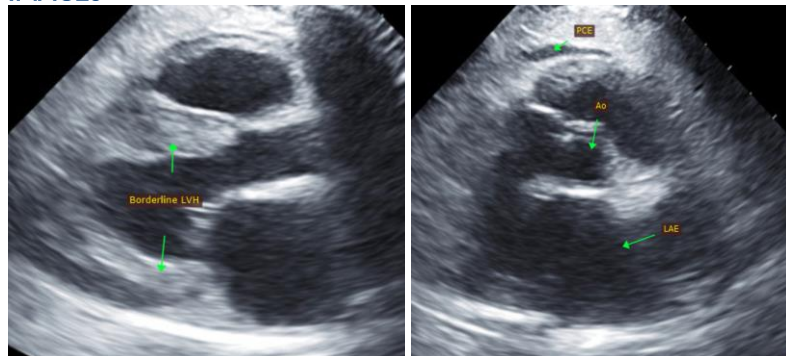
PLAN

Institute diuretic Lasix 1-2mg/kg PO q12h. If able, 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 1.25mg PO BID. *Note: If patient is difficult to medicate, Lasix and Plavix would be most important. Baseline BP and ECG are strongly recommended.

Recheck renal values and BP in 10-14 days to ensure tolerance of medications, then every 3-4 months lifelong. If normotensive and eating well, consider addition of an ACEI at that time (if any question or difficult to medicate, do not utilize).

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

IMAGES





PATIENT

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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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Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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