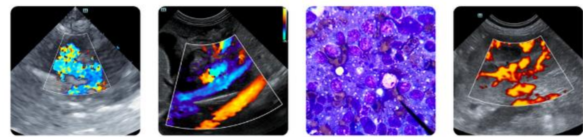
Charleston Mobile Veterinary Services



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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www.charlestonmobile.net
info@charlestonmobile.net 800.403.5408

PATIENT

Cinnamon Weber

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

4.4 kgs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

A. Nicastro, DVM

HOSPITAL NAME

Blue Pearl Summerville Animal Hospital

REFERRING VET

Dr. Harris

INVOICE

47491

DATE

4/8/26

PRESENTING CLINICAL SIGNS

History: Labored breathing. The owner was woken up during the night by the patient howling and stumbling. She was observed to have widely dilated pupils, was acting as if she could not see, was panting heavily, and urinated on the floor. Her motor skills were noted to be off, and she was uncharacteristically docile, allowing herself to be held. The owner was concerned about a possible stroke. The rapid breathing reportedly began just prior to presentation. The patient had a senior blood panel approximately 2 months ago which was reportedly normal. No murmur
Abnormal PE/Chem/CBC/UA Results: Resp: moderately tachypneic (80 brpm), mildly dyspneic, bronchovesicular sounds slightly harsh bilaterally, no obvious crackles ausculted Rads: Clinical Impressions: Severe left atrial enlargement and poor cardiac contractility, moderate gallbladder edema, a subjectively distended caudal vena cava, and a very small amount of peritoneal effusion surrounding the liver lobes. All findings are highly concerning for significant cardiac dysfunction and likely concurrent right sided CHF +/- left sided CHF. - PCV/TP: 40%/6.6 - BG: 201 (H) - Lactate: 3.2 (H) - ECG: NSR with 2 single VPCs detected during ~2 minute evaluation - CBC: PLT 71k (L) - Manual PLT count: 60k with moderate clumping - Chem17: BG 193 (H) - T4: 1.7 (N) proBNP: Abnormal

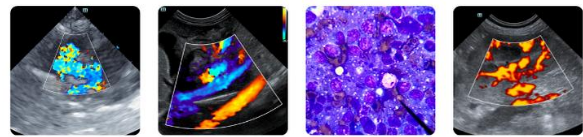
ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately hypertrophied with an irregular morphology. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is moderate papillary muscle hypertrophy and remodeling. Adequate myocardial function. The left atrium is severely dilated with a horizontal component. Significant intraatrial smoke. No thrombi seen. The right atrium is mildly dilated. Mild RV hypertrophy. The mitral valve is normal, with normal mobility. No evidence of systolic anterior motion. Trace mitral regurgitation present. There is no obvious tricuspid regurgitation. Blood flow through the LVOT is normal in velocity. Blood flow through the RVOT is normal. Scant pericardial and pleural effusion. No obvious cardiac masses.

CARDIAC CHART

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	NM	NM	0.73	1.1	0.75	48	90
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	2.2	2.0	1.8		1.0	1.1	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.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis for LV hypertrophy once a patient is confirmed euthyroid and normotensive. Given the severity of what is seen here, primary disease is suspected although contributing factors should be considered. The left atrium is severely enlarged with significant smoke, indicating high risk for spontaneous CHF and/or blood clot events. Additionally, there is scant pericardial and pleural effusion noted which is most consistent with congestion.

Immediate full lifelong cardiac supportive medications are recommended as below. If the patient is tachypneic, a dose of injectable Lasix may be helpful (2mg/kg) +/- overnight supportive care/oxygen therapy. The neurologic signs at presentation may reflect early CHF or may be due to an ancillary issue such as a thrombus or arrhythmic event. If further concern for cardiogenic thrombi develops (such as acute paralysis), heparin therapy, addition of Xarelto, etc should be considered.

The mean survival time for cats with CHF is 8-12 months; however, most cats are able to maintain a good quality of life on medications. Patient will always be at high risk for recurrent episodes of CHF and development of blood clots in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

Avoid anesthesia, steroids and fluid therapy unless absolutely necessary in the future.

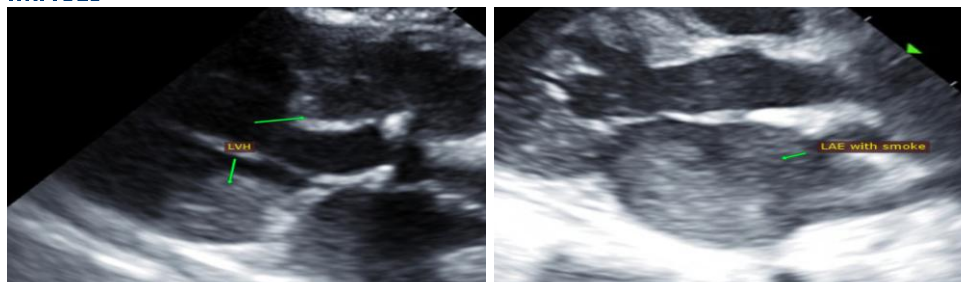
PLAN

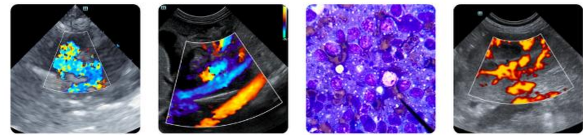
Screening BP/T4. Consider injectable Lasix dose/hospitalization if indicated. Administer Lasix 1-2mg/kg PO q12h. Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges and should be coated in entirety or administer in a gel cap). Institute Pimobendan 1.25mg PO q12h. IF concern for additional thrombotic events develops, consider addition of Xarelto 2.5mg q24h, heparin therapy, etc.

Monitor renal values, BP and effusion status in 1-2 weeks. If normotensive and doing well at that time, reinstitute vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h. Monitor BP and renal values every 3-4 months lifelong. If QOL suffers, euthanasia should be considered.

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

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.

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com