


PATIENT

Konani Chartier

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

6 years

WEIGHT

12lbs

INTERPRETED BY

 Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Fred Gromalak, DVM

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Alessandrino

INVOICE

30737

DATE

5/11/23

PRESENTING CLINICAL SIGNS

History: History of front right forelimb lameness. was going to get a CT for examination but a grade 3-4/6 heart murmur was present.

-CXR report: Moderate cardiomegaly. VHS: 8.0. Subjective PV enlargement. No CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The LV is normal in dimension with mildly depressed myocardial function. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled. The left atrium is moderate to severely dilated with a horizontal component. No smoke or thrombi seen within the chamber. The left auricle is dilated as well. Trace/mild mitral regurgitation. The right atrium is normal. The right ventricle appears largely normal. No tricuspid regurgitation. Blood flow through both the LVOT and RVOT are both normal in velocity. Scant pericardial effusion. No pleural effusion. No obvious cardiac tumors.

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	5.4	164	0.42	1.47	0.47	33	60
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	2.5	2.2	1.75		0.6	0.8	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

The finding of moderate to severe left atrial enlargement in the face of normal LV wall thickness and mild systolic dysfunction is most consistent with Unclassified Cardiomyopathy (UCM); however, RCM, end-stage HCM or some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. There is mild LV remodeling and fibrosis which indicates diastolic dysfunction. This is in addition to mild systolic dysfunction as well. Regardless of categorical classification, the finding of this degree of atrial dilation is concerning for progression in the future and full cardiac supportive medications are recommended as below. I have included low-dose Lasix therapy given high risk for imminent complication and scant pericardial effusion independent of clinical signs.

The history of a forelimb lameness most be correlated with the physical exam findings. A cardiogenic thrombus is certainly a possibility, assuming the pulses are weak or absent, the limb is cool to the touch, limb BP differential, etc.

Prognosis is guarded to poor long term even without reported symptoms. There will always be risk for progression to CHF, malignant arrhythmias, development of blood clots and/or sudden



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death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for progression to CHF at home.

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Elective anesthesia, fluid or steroid therapy should be avoided lifelong

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PLAN

Screening BP. 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. Institute Lasix 1mg/kg q12h. Correlate physical exam findings with the possibility of a cardiogenic thrombus.

SEX

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Renal values and BP in 1-2 weeks, then every 3-4 months lifelong.

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

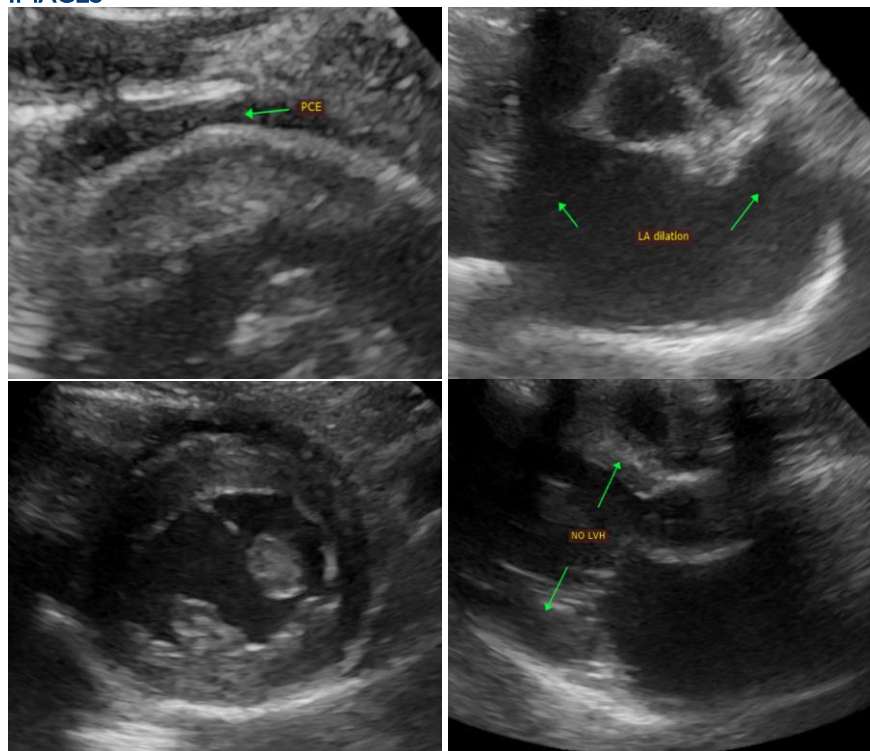
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Maggie Machen Lamy, DVM
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