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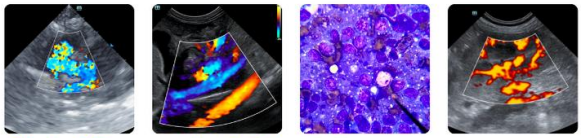

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Bubba Flores

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

3 years

WEIGHT

10lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

VCA BAring Blvd Vet

REFERRING VET

Dr. Baker

INVOICE

47829

DATE

5/12/26

PRESENTING CLINICAL SIGNS

History: Owner relinquished to rescue organization who had him for a day and he became ataxic with elevated ALT. HM not auscultated at the time. Trial treated for trauma with Prednisone and Gabapentin. Ataxia improved and liver values normalized- medications discontinued. Now noticed tachypnea. Re-auscultated and grade 3/6 heart murmur present. CXR performed with Furosemide trial- improved pulmonary edema. increased lung sounds. (4/22/26): Vetmedin 2.5mg/kg BID, Lasix 2.7mg/kg BID. (3/5/26) CXR: heart is normal size and shape, and the pulmonary vasculature is unremarkable. The lung is adequately inflated with no infiltrates or nodular lesions. The trachea and esophagus are unremarkable. No enlarged thoracic lymph nodes or pleural abnormalities. No cervical or thoracic spinal abnormalities. (4/22/26) CXR: the cardiac silhouette is on the upper limits of normal for size, and on the VD projection, there is evidence of biatrial enlargement. The pulmonary vasculature also appears congested, and there is a diffuse increase in pulmonary interstitial density. Lasix trial 4mg/kg IM (3 hours later). A total of 4 radiographs of the thorax and pelvis are submitted for evaluation. This study is compared with the previous study acquired approximately 3 hours earlier. Thorax: There has been mild clearing of the interstitial infiltrates. The heart remains enlarged. Liver values initially elevated but resolved.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 200bpm. 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 morphology is positive with normal dimension. 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 moderately hypertrophied with regions of irregularity. Significant papillary muscle hypertrophy. The LVOT flow velocity is normal; however, the anterior MV can be seen impinging on flow through the LVOT. The anterior mitral valve leaflet is elongated, thickened and dysplastic. There is a normal LV diameter in diastole with adequate function. The left atrium is severely increased in diameter with a horizontal component. No obvious smoke. The right atrium is normal in size. A small region of dropout is identified in the mid-atrial septum consistent with an ASD. Low velocity flow can be seen crossing from left to right. The right ventricle appears normal. There is moderate eccentric mitral regurgitation present secondary to abnormal valve motion. Normal velocity. No TR. Blood flow through the RVOT is normal in velocity. No evidence of cardiac tumors or metastatic lesions on this scan. Scant pericardial effusion. No pleural effusion.

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	4.5	NM	0.74	1.0	0.76	47	90
FELINE CARDIAC	**LA/AO**	**LA/AO HEART BASE**	**LA** 2D short axis Base view		**LVOT VEL**	**RVOT VEL**	**E max**

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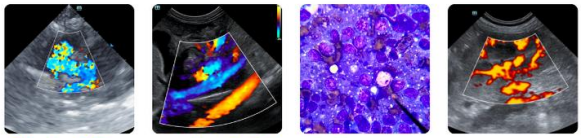

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PARAMETERS	(Boon)	**(Swe)** (Abbott)	(cm) (Abbott)	(m/s)	(m/s)	(m/s)
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9
PATIENT	2.5	2.2	1.8	1.7	1.1	NM

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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presumptive diagnosis and cause of the murmur is mitral valve dysplasia leading to an obstructive LVOT flow pattern, mitral regurgitation and significant LV hypertrophy. A primary hypertrophic component cannot be ruled out prior to assessing response to therapy; however, this is less likely in a young cat. Regardless, there is severe left atrial dilation, indicating the risk of spontaneous CHF and/or a thrombotic event is elevated. No additional issues are noted at this time and the ECG is normal.

Given the severity of disease, a diagnosis of CHF is supported and there is residual pericardial effusion seen here. If able to be stabilized, long term prognosis is poor, with high risk for spontaneous decompensation, development of a blood clot, and/or malignant arrhythmias/sudden death. Most cats in CHF are able to be managed on medications for an average of 12 months, however QOL is typically good if able to be medicated. The exception to this would be MV dysplasia cases where the structural disease can improve in some cases following adequate rate control.

Lifelong cardiac support is recommended going forward. The first step is simply stabilization through Lasix and Plavix therapy. I would not utilize Atenolol in this case, prior to future evaluation. Plavix (Clopidogrel) should also be used given a high risk for thrombotic events; however, is difficult to administer due to a bitter taste. Finally, an ACE-I is indicated for multiple reasons, however, should not be utilized until the patient is eating/feeling well. See medication recommendations below.

Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.).

Elective anesthesia is not advised.

PLAN

Assuming the patient is stable for discharge, continue Lasix 1-2mg/kg PO q12h. Institute Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).

Recheck PE, BP and renal panel in 10-14 days. If clinically improved, eating well and BP >130mmHg, institute ACE-I 0.5mg/kg PO q12h.

Monitor renal values, BP, HR every 3-4 months while on diuretics.

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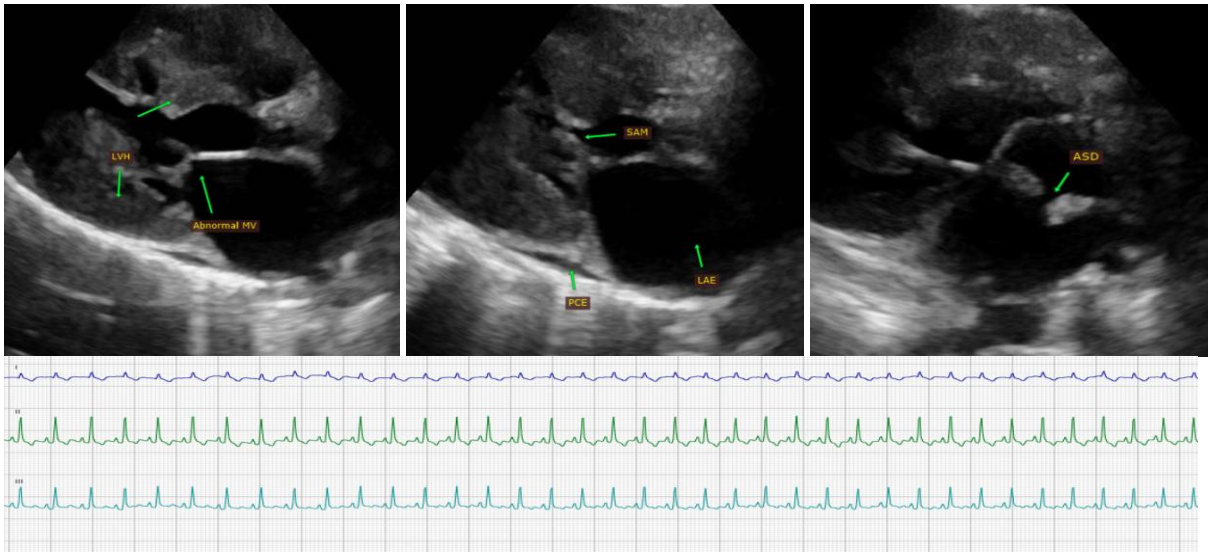
Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues arise.

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.

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