



PATIENT

Koda Cushing

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

1.7 years

WEIGHT

10.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dr. Karen Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Fortin

INVOICE

24188

DATE

5/13/22

PRESENTING CLINICAL SIGNS

History: Diagnosed with CHF on radiographs at specialty clinic on 11/2021 after an episode of abnormal behavior. Has been on Lasix and Vetmedin since. Grade 4/6 heart murmur. Asymptomatic.
-Current medications: Lasix 5mg BID and Vetmedin 1.25mg BID.
-Radiographs (4/20/22): Appear normal with possible cardiac enlargement on VD.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. Adequate systolic function. Borderline LV dilation. The endocardium appears normal. The papillary muscles are normal. The mitral valve appears normal although an intermittent LVOTO is suspected on color flow. Mild eccentric mitral regurgitation. The left atrium is mildly dilated and bulbous in appearance. No obvious smoke in the left atrium. The right atrium is mildly dilated. Tricuspid valve is normal with no TR. The right ventricle appears normal. Blood flow through the LVOT is normal in velocity. A mild dynamic obstruction is seen in the RVOT. No pericardial effusion seen. 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	4.7	140	0.50	1.75	0.48	48	83
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	NM	1.5	1.4		1.8	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 biatrial enlargement in the face of normal LV wall thickness is most consistent with Unclassified Cardiomyopathy (UCM). The LV appears largely normal, without significant systolic dysfunction or obvious restrictive disease. The murmur is due to a combination of mild mitral and a suspect dynamic LVOT obstruction. This appears intermittent and largely benign without LV hypertrophy; however, monitoring is advised. No additional issues are identified.

Mild biatrial enlargement would suggest an episode of CHF is unlikely in this young cat. Consider a Radiologist review of the films, as a lack of congestion would support CHF being unlikely and Lasix can potentially be discontinued. If CHF was a confirmed diagnosis, this would be atypical although Lasix should then be continued lifelong. If the patient is easily medicated it is reasonable to continue Pimobendan until progression is assessed in the future. No obvious indication for additional medications at this time.



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The long-term prognosis given the totality of the findings is guarded prior to assessing rate of progression which is highly variable in cats with subclinical disease. There will always remain risk for progression to CHF and development of blood clots and/or sudden death in the future. Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

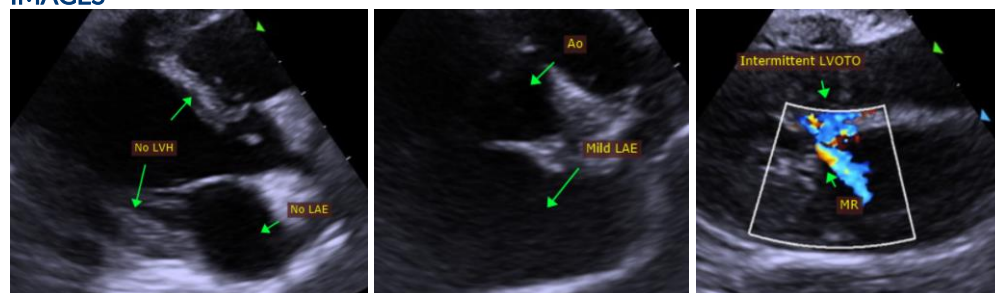
Anesthetic risk is considered mildly elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and dexdomitor. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance

PLAN

If easily medicated, continue off label Pimobendan 1.25mg PO q12h. Consider Radiologist review of the films, further historical information, etc to determine if Lasix is indicated. If suspicion is low, consider discontinue.

A recheck echocardiogram is recommended in 6 months to assess 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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