

PATIENT

Natasha Weiskircher

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

9 months

WEIGHT

9.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

White Haven
Veterinary Hospital

REFERRING VET

Dr. Dengler

INVOICE

24278

DATE

5/18/22

PRESENTING CLINICAL SIGNS

History: 2nd opinion. Suspect FIP - off label treatment began 3.19 (Capella), due to lack of response. Question of correct diagnosis. 5.14 220mls fluid tapped from abdomen. Slightly lethargic. Extremely distended abdomen. Muscle wasting.

ECHOCARDIOGRAM FINDINGS *Limited image set included.

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal with regions of remodeling and irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild LV dilation with mild depressed systolic function. The papillary muscles are mildly remodeled. The left atrium is moderate to severely dilated. Subtle smoke. No obvious thrombus. The right ventricle appears dilated. Severe RA dilation with smoke. Trace TR. No pericardial or pleural effusion. Large volume ascites. No obvious cardiac tumors.

CARDIAC CHART

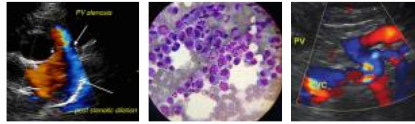
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.4	230	0.39	1.7	0.39	41	80
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO 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	2.7	2.4	1.7		NM	NM	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 severe biatrial enlargement in the face of normal LV wall thickness with mildly depressed function is most consistent with Unclassified Cardiomyopathy (UCM), however, a primary RV cardiomyopathy or some historical infectious or inflammatory insult to the myocardium cannot be definitively ruled out. In a young cat this is unusual to see. Regardless, the right heart is more affected than the left, with significant smoke conferring a high risk for CHF and/or a thrombotic event. This is not considered an extensive study due to patient instability, and a full echocardiogram may be beneficial once the situation is stabilized.

The finding of this degree of biatrial dilation would suggest the likely origin of the effusion is spontaneous congestive heart failure, and lifelong medications are warranted as below. It is worth mentioning that FIP is also a possibility as a concurrent cause of ascites. Recommend treat for CHF and assess response going forward. This patient is at high risk for thromboembolic events regardless of medications and this should be expressed to the owner (monitor for neurologic change, acute paralysis/lameness, etc.). An abdominocentesis should also be considered due to large volume of effusion.



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The prognosis is poor with CHF, with a mean survival time for cats with CHF <8-12 months, however most are able to maintain a good quality of life on medications if able to be stabilized. There will always remain risk for recurrent episodes of CHF, development of blood clots, arrhythmias, and/or sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

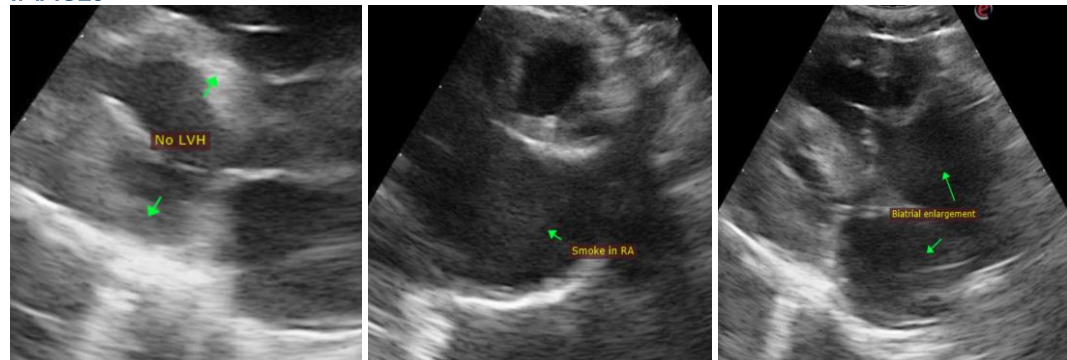
PLAN

Abdominocentesis is highly recommended. Recommend submit fluid for cytology, given unusual clinical picture. Consider referral to a Multispecialty Center in this complicated case. Oral medications: furosemide 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). Institute Pimobendan (off label use) 1.25mg PO q12h.

Once stabilized, eating well at home and BP >130mmHg, consider addition of vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h.

Recheck renal values in 10-14 days to ensure tolerance of medications, then every 3-4 months lifelong. A recheck echocardiogram is recommended in 4-6 months to assess for 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.

Maggie Machen Lamy, DVM
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