



PATIENT

Oliver O'Neill

SPECIES

Feline

BREED

Sphynx

SEX

Male Neutered

AGE

3.5 years

WEIGHT

9.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Marsh Hospital for
Animals

REFERRING VET

Dr. Milwicki

INVOICE

24291

DATE

5/19/22

PRESENTING CLINICAL SIGNS

History: Patient presented with dyspnea. No current meds. Radiology report findings: "Moderate to severe cardiomegaly, increased interstitial infiltrates, mild bronchial pattern, borderline hepatomegaly as described, granular contents within the stomach."

ECHOCARDIOGRAM FINDINGS

2D and m-mode imaging is available. The left ventricular wall is borderline in dimension with minimal hypertrophy. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly enlarged and hyperechoic. The LV is mildly dilated with adequate systolic function. The left atrium is markedly dilated with obvious smoke. The right atrium is normal. The right ventricle is normal. No TR. Moderate to severe eccentric MR. Normal MR velocity. The mitral valve leaflet appears mildly elongated. Suspicion for mitral stenosis on 2D and color flow imaging, although not assessed on Doppler. Mild SAM is suspected, although not visualized. Scant pericardial effusion. Scant pleural effusion. No obvious cardiac tumors identified.

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	150	0.47	2.1	0.45	52	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	2.5	2.5	2.2	1.1	0.65	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 likely diagnosis is mitral valve dysplasia causing mitral stenosis and mitral regurgitation. This is a form of mitral valve dysplasia (i.e., present from birth), where the valve doesn't open adequately. This is presumptive as Spectral doppler is not assessed and advanced echocardiography is recommended. Regardless, there is also abnormal closer with moderate to severe mitral regurgitation. Mild systolic anterior motion is suspected based upon borderline wall dimensions; however, no significant hypertrophy is appreciated. The LV chamber is increased, secondary to MR. The LA is severely dilated with evidence of smoke, indicating the patient is at high risk for complication. Scant pleural and pericardial effusion is identified, which likely reflects early congestion. No additional issues are identified.

Given that patient is presenting for dyspnea, highly recommend immediate referral for advanced echocardiography and hospitalization if possible. Full cardiac support is recommended as below including diuretic therapy. The goal is to prolong asymptomatic life; however, the long-term prognosis is poor. Most cats can be managed on medications for an average of 8-12 months once



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CHF occurs. Patient will always be at risk for recurring CHF, development of arrhythmias and/or sudden death going forward.

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Monitor at home for any progressive labored breathing and/or signs of clot recurrence (limb paralysis, neurologic changes, etc.).

BREED

Sphynx

PLAN

Highly recommend referral for advanced imaging and hospitalization. If declined, administer injectable Lasix in hospital until stable and discharge on the following: administer Lasix 1-2mg/kg PO q12h. Institute Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety). Administer Pimobendan 1.25mg PO q12h.

SEX

Male Neutered

Recheck renal values and BP in 10-14 days, then every 3-4 months lifelong. If patient is doing well and BP >130mmHg, consider addition of an ACEI 0.5mg/kg PO q12h.

Recheck echocardiogram in 6 months once stable on oral medications to reassess for progression.

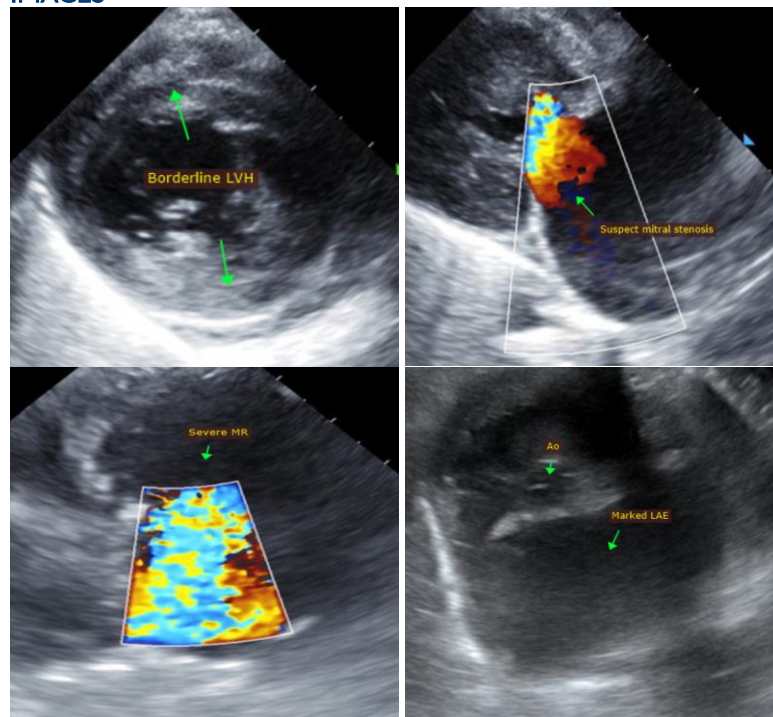
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

DATE

5/19/22

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