



PATIENT
Tom Tom Westbrook

PRESENTING CLINICAL SIGNS

History: History controlled diabetes. Presents with marked open-mouthed breathing. Radiographs = pleural effusion. Has been on furosemide 0.4 ml SID. Today marked respiratory effort and distress. Administered oxygen and IV furosemide - flash echocardiogram performed. Recommended taking patient to emergency hospital.

SPECIES
Feline

ECHOCARDIOGRAM FINDINGS *limited images obtained due to instability.
2D imaging is available.

BREED
DMH

Left ventricle: The LV is mildly dilated with decreased myocardial dysfunction. The LV wall thicknesses are normal. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly hyperechoic.

SEX
Male Neutered

Left atrium: The left atrium and auricle are severely dilated. Subtle smoke. No obvious thrombi.

AGE
9 years

Mitral valve: The mitral valve is normal in structure and mobility with trivial MR. No obvious systolic anterior motion is seen.

Aortic valve/Aorta: The aortic valve is not assessed.

WEIGHT
14.2lbs

Right ventricle: Moderately dilated right ventricle.

Right atrium: The right atrium is moderate to severely dilated.

Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation.

Pulmonary valve/Pulmonary artery: The pulmonic valve is not assessed.

Pericardium/other: Scant pericardial effusion noted. Large volume pleural effusion. No obvious cardiac masses.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	NM
LA diam (cm)	NM
LA:Ao (Swe)	NM
IVS thickness (cm)	0.38
LVID diastole (cm)	1.7
PW thickness (cm)	0.52
LVID systole (cm)	1.18
FS (%)	31

Doppler Measurements

PV Vmax (m/s)	NM
AoV Vmax (m/s)	NM
MR Vmax (m/s)	NM
TR Vmax (m/s)	NM
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

The finding of bi-atrial dilation with LV systolic dysfunction is most consistent with Restrictive/Unclassified Cardiomyopathy; however, some prior infectious or inflammatory insult to the myocardium cannot be ruled out. Regardless, the degree of disease is severe at this time, with biatrial dilation and active congestive heart failure (CHF) as evidenced by pleural effusion.

HOSPITAL NAME

East Boston Animal
Hospital

REFERRING VET

Dr. Chopra

If not performed an immediate thoracentesis should be considered to further stabilize the patient. Pending clinical response, consider hospitalization for 24-hour supportive care to ensure stability prior to discharge. Lifelong cardiac support and anti-coagulation is recommended as below, including off-label use of Pimobendan.

INVOICE
24326

If able to be stabilized, there will always remain risk for recurrent CHF, development of additional blood clots, and/or malignant arrhythmias/sudden death in the future. Most cats are able to maintain a good QOL following diagnosis of CHF for an average of 8-12 months on medications.

DATE
5/22/22



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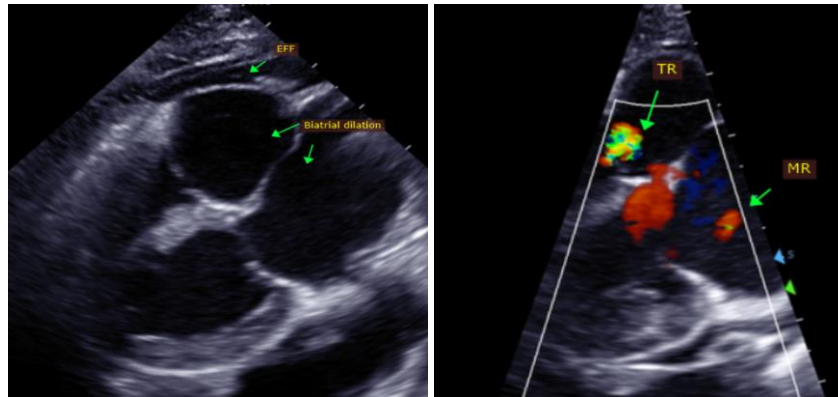
RECOMMENDATIONS

- Pending clinical stability consider thoracentesis, referral for supportive care, etc.
- Administer injectable Lasix/oxygen therapy as needed until stabilized.
- Institute Lasix 1-2mg/kg PO q8h for 3 days, then decrease to q12h if doing well.
- Institute Pimobendan 0.625mg PO q12h (off label use).
- Institute Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety).
- Do not use an ACE-I in this patient.
- Elective anesthesia is not advised.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).
- Monitor sleeping breathing rate and effort at home as the best way to screen for recurrent congestion.

PLAN

- Recheck renal values and BP in 10-14 days, then every 3-4 months lifelong. If doing well and BP is >130mmHg, institute ACEI 0.5mg/kg PO q12h.
- Recommend recheck echocardiogram in 6 months to screen for progression, sooner if clinical signs 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.

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