



PATIENT

Attica Bonn

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

1 year

WEIGHT

8.2lbs

PRESENTING CLINICAL SIGNS

History: Heart murmur. Persistent elevated HCT despite euhydration. Decreased albumin. Possible seizure like event and also noted proteinuria with quiet sediment.
-Abnormal PE/Chem/CBC/UA Results: U/A sp grav - 1.041 pH 7.0 Protein 500mg/dl RBCs elevated 15.7(7.1-11.5) Hematocrit 0.60(0.29-0.45) Hemoglobin 198(103-162) RDW 27.6(10-26) Retics low, WBCs 21(3.9-19), High lymphocytes SDMA elevated 20(0-14) Urea elevated 14.6(5.7-13.2) Total protein low Cardiopet Pro BNP 85(0-100).
-AUS: renal infarct and hepatic congestion
- Sedation declined.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The LV diameter appears normal with mildly depressed myocardial function. A VSD is not ruled out in this image set. The left atrium is normal. No obvious mitral regurgitation. The right atrium is markedly dilated. The right ventricle is markedly dilated; wall thickness cannot be assessed. The tricuspid valve is significantly thickened and dysplastic. Some degree of tricuspid regurgitation is identified on doppler, although not visualized on color flow imaging (suspect severe TR). Normal velocity noted (2.0m/s). The MPA is not well visualized and pulmonic stenosis is not ruled out. Blood flow through both the LVOT and RVOT is decreased in velocity. No significant pleural effusion. Scant pericardial effusion seen.

CARDIAC CHART

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

Wellington Animal
Hospital

REFERRING VET

Dr. Dennis

INVOICE

24444

DATE

5/26/22

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	3.74	240	0.34	1.5	0.41	33	60
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	1.0	1.2	1.1	0.6	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

Severe right-heart congenital disease is present. The exact underlying pathology cannot be determined in this study; however, there is certainly significant volume overload of the right heart. Tricuspid valve dysplasia is suspected as at least one component of the pathology. Some degree of TR is appreciated without obvious pulmonary hypertension. The left heart is largely unremarkable to small in dimension. Polycythemia is highly concerning and may suggest a right to left shunt not visualized in this study. **Given the young age of the patient and unusual findings, highly recommend referral to a local**



PATIENT

Attica Bonn

Cardiologist/specialty center in this case for further evaluation and advanced imaging (advanced echocardiography, bubble study, CT, etc.).

SPECIES

Feline

Regardless of categorical classification, the finding of severe right atrial/ventricular enlargement would suggest pericardial effusion and hepatic congestion are certainly reflective of right-sided CHF. Additionally, a renal infarct is noted on AUS, which is likely cardiogenic in origin. Full lifelong cardiac supportive medications are warranted as below. If the patient appears unstable or experiences any further decline at home, hospitalization for stabilization and supportive care may be necessary.

BREED

DSH

SEX

Female Spayed

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

AGE

1 year

PLAN

Highly recommend immediate referral to a local Cardiologist as discussed. Consider hospitalization as discussed. Institute oral diuretic Lasix 1mg/kg PO q12h (tablets or consider liquid suspension 10mg/ml). Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges; coat in entirety or place in a gel cap). Institute off label Pimobendan 1.25mg PO q12h. Institute Spironolactone 1-2mg/kg PO q12h.

WEIGHT

8.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

Recheck renal values/BP in 10-14 days to ensure tolerance of medications. If patient is doing well at home, is able to be easily medicated and BP >130mmHg, institute ACEI 0.5mg/kg PO q12h at this time.

*NOTE: 5 medications can be overwhelming in a cat; if difficult to administer, Lasix and Plavix are most important.

IMAGING PERFORMED BY

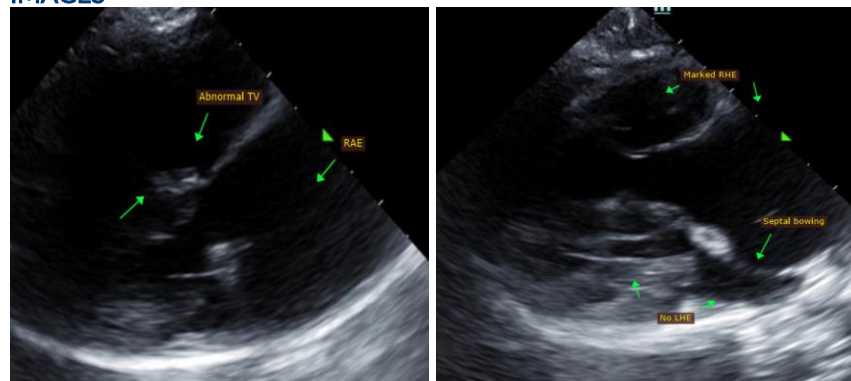
Crystal Hill, RVT

If referral is declined, a recheck echocardiogram is recommended in 4-6 months to assess progression, sooner if clinical issues arise in the interim.

HOSPITAL NAME

Wellington Animal
Hospital

IMAGES



REFERRING VET

Dr. Dennis

INVOICE

24444

DATE

5/26/22



PATIENT

Attica Bonn

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.

SPECIES

Feline

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.

BREED

DSH

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

SEX

Female Spayed

AGE

1 year

WEIGHT

8.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Crystal Hill, RVT

HOSPITAL NAME

Wellington Animal
Hospital

REFERRING VET

Dr. Dennis

INVOICE

24444

DATE

5/26/22