



PATIENT

Pepper Schuetz

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

14 years

WEIGHT

11.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great &
Small Veterinary

REFERRING VET

Dr. Bailes

INVOICE

24432

DATE

5/26/22

PRESENTING CLINICAL SIGNS

History: History of irregular arrhythmia noted on exams for years; diagnostics in the past have been declined. Acute onset weight loss, lethargy. Did not hear arrhythmia at last exam; was originally scheduled for AUS today but after taking thoracic rads echo was recommended. Moderate MCS atrophy, slightly underweight Intermittent irregular arrhythmia noted; no murmur.

-Abnormal PE/Chem/CBC/UA Results: CHEM: azotemia (BUN = 41/creat = 2.8); phosphorus WNL @ 3.5 CBC: non - regenerative anemia (HCT = 25%), otherwise WNL TT4; WNL @ 1.9 UA: USG = 1.020; trace proteinuria; IS.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only. Marked cardiomegaly. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D and m-mode imaging is available. The left ventricular wall is normal in dimension with no significant hypertrophy. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled. The LV is significantly dilated with depressed myocardial function. The left atrium is markedly dilated. No obvious smoke. The right atrium is moderately dilated. The right ventricle is mildly dilated. Moderate TR. Normal velocity. Moderate to severe eccentric MR. Normal MR velocity. Trace AI and PI. No pericardial or pleural effusions. No obvious cardiac tumors identified.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	5.2	NM	0.4	2.0	0.5	29	59
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	2.2	2.5	2.5		0.8	0.52	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 marked left atrial dilation in the face of normal LV wall thickness, significant MR/TR and LV dysfunction may reflect chronic degenerative valve disease as is seen in dogs. That being said, this is quite uncommon, and some form of dysplasia or unclassified/restrictive cardiomyopathy (UCM/RCM) are also possible. There is normal wall thickness, ruling out typical hypertrophic disease. The right heart is also affected with moderate right atrial enlargement. No additional issues are identified. **The arrhythmia can be seen throughout the study and an ECG is strongly recommended.** Anti-arrhythmic therapy may be warranted.



PATIENT

Pepper Schuetz

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

14 years

WEIGHT

11.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great &
Small Veterinary

REFERRING VET

Dr. Bailes

INVOICE

24432

DATE

5/26/22

The clinical signs are concerning for imminent congestive heart failure (CHF), even without obvious congestion on the films. Full lifelong cardiac support and anti-coagulation is recommended as below, including off-label use of Pimobendan. Going forward, careful monitoring of renal values is recommended in this senior cat. If medication intolerance is an issue, this may limit prognosis long term.

If able to be stabilized, there will always remain risk for recurrent CHF, development of blood clots, and/or malignant arrhythmias/sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent/impending CHF at home.

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

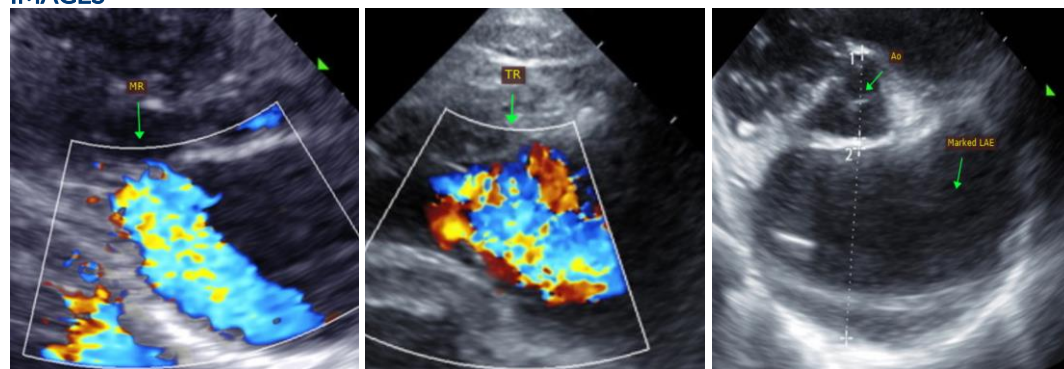
PLAN

A baseline BP and ECG are recommended ASAP. 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.

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.

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com