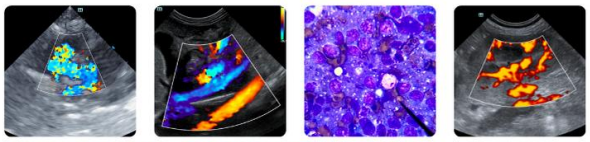

PATIENT

Foof Haskell

SPECIES

Feline

BREED

Siamese Mix

SEX

Male Neutered

AGE

17 years

WEIGHT

12lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Karen Ebersole, DVM, DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Fortin

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PRESENTING CLINICAL SIGNS

History: Recheck echo. Recent lethargy. Treatment for suspected pancreatitis last week with no improvement. Grade 2/6 heart murmur with gallop rhythm. Depressed. Increased RR today. BP 155mmHg. Labs: elevated BNP: 1500. BUN 42 USG 1.019. On Potassium Gluconate, Spironolactone 10mg BID, Purina Probiotic, Gabapentin 100mg BID.
-Pertinent previous echo findings (12/2024 MML): UCM with mild LA and LVE. LA: 1.5, LV: 1.8.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 20mm/mV. The sinus/P wave rate is 210bpm. Frequent 2nd degree AV block throughout, up to 5:1. The ventricular rate varies depending on conduction from 40-210bpm.
ECG diagnosis: 2nd degree AV block with intermittent AV nodal conduction.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline normal in dimension with regions of irregularity and remodeling. No LV dilation with adequate systolic function. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled and hyperechoic. The mitral valve is normal with no MR. The left atrium is severely dilated and bulbous in appearance. No obvious smoke. The right atrium is normal. Tricuspid valve is normal with no TR. The right ventricle appears normal. Blood flow through both the LVOT and RVOT is normal in velocity. Scant pericardial effusion seen. Pockets pleural effusion. 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	4.5	NM	0.55	1.4	0.56	58	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	NM	2.1	1.9		1.3	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

Compared to the prior study, there is evidence of progression. Mild disease is now severe, with severe LA dilation and development of congestive heart failure. The LV is decreased comparatively, likely due to active effusion. There is also a significant arrythmia present, with intermittent 2nd degree AV block. The ventricular rate is highly variable, oscillating from normal 1:1 conduction down to 5:1 conduction with a ventricular response rate of 40bpm. This

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bradycardia idslikely complicating treatment in this case. **Referral to a multi-specialty center is recommended in this case.** If declined, full cardiac support should be instituted as below. Prognosis is poor long-term, particularly given the concurrent arrythmia and azotemia. Euthanasia would be a reasonable alternative in this case and should also be considered.

If able to be stabilized, prognosis is poor long term regardless with risk for recurrence going forward. There will always be risk for progression to CHF, malignant arrhythmias, development of blood clots and/or sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for progression to CHF at home.

Anesthesia, steroid or fluid therapy should be avoided in this case.

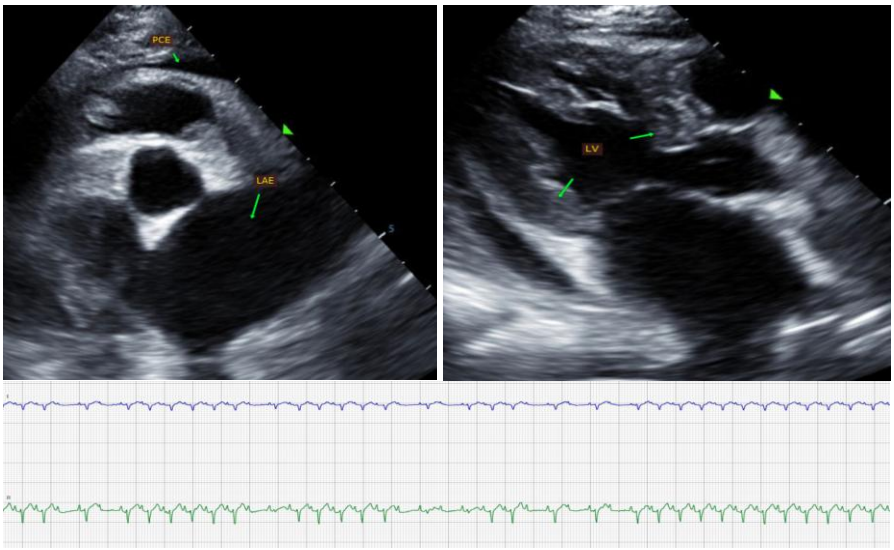
PLAN

Highly recommend referral in this complicated case. Alternatively, euthanasia would be a reasonable option. If both are declined, 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. Institute Lasix 1-2mg/kg q12h.

Monitor for improvement in hospital. If able to be stabilized, reassess renal values and BP in 1-2 weeks, then every 3-4 months lifelong. Do not utilize an ACE-I in this case. If QOL suffers, revisit euthanasia.

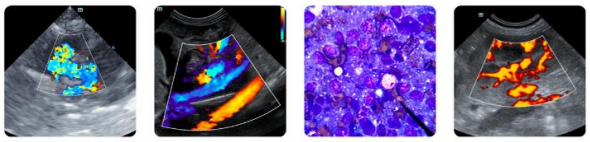
A recheck echocardiogram is recommended in 6 months to assess for progression.

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



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or if I can be of any further assistance, please contact me.

Maggie Machen Lamy, DVM
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info@sonopath.com