



PATIENT

Mikey Parkent

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2002

WEIGHT

10.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Animal Care Center

REFERRING VET

Dr. Beavers

INVOICE

24098

DATE

5/9/22

PRESENTING CLINICAL SIGNS

History: Hx of hyperthyroidism, URIs. Came in on 4/18 for URI- had cough. CXR showed generalized patchy alveolar pattern with bronchial changes- sent home on Orbax. 4/22 came back and had increased lung sounds- grade 2 heart murmur. Rads show mild improvement in alveolar pattern. Pertinent abnormal PE/Chem/CBC/UA Results: NSF, BNP 1175pmol/L. Current medications: Orbax .8mL SID, Methimazole transdermal 5mg/0.05mL- apply 1 click to inner ear BID. Gabapentin for scan. Sedation used: Not required to complete full diagnostic ultrasound. Pertinent previous ultrasound results: No previous. STAT: Not requested. Imaging performed by: Andi Parkinson, RDMS.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mild to moderately increased in dimension (PW>IVS). There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hypertrophied. The left atrium is moderate to severely increased in size. No obvious smoke. The right atrium is moderately dilated. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Blood flow through the RVOT and LVOT is normal in velocity. Trace/mild MR. No TR. No pleural or pericardial effusion seen. No obvious cardiac tumors.

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5	NM	0.61	1.5	0.70	45	80
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	2.0	1.95y		0.93	1.2	NM
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 mild to moderate LV hypertrophy is likely consistent with hypertrophic disease, however hyperthyroidism and hypertension should be ruled out as contributing factors. Given that the thyroid is controlled, this is unlikely to be related. Regardless, the LA is moderate to severely dilated, indicating there is risk for congestive failure going forward. The right atrium is also significantly dilated. The mismatch in the degree of LVH (mild to moderate) and the degree of biatrial dilation (moderate to severe) is unusual and monitoring is advised for progression. Serial echocardiography will be necessary to determine progression. ***Mild sedation should be considered for future scans for more extensive evaluation.**

Given that the clinical signs and CXR findings reportedly improved on antibiotic therapy, the cause of the clinical signs is likely feline asthma. That being said, with significant LA dilation the risk for CHF in the future is elevated and may make interpretation of clinical signs difficult. Based upon this in addition to the severity of disease, recommend full cardiac support including low dose Lasix therapy. If steroid therapy is needed for respiratory disease, highly recommend an inhaled version if possible.

The mean survival time for cats with CHF is 8-12 months, however most are able to maintain a good quality of life on medications. Patient will always remain at high risk for recurrent episodes of CHF and development of 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.

Plan: Administer Lasix 1mg/kg PO q12h. Administer 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). Institute Pimobendan 1.25mg PO q12 hours. Consider respiratory therapy as needed such as fluticasone, a course of azithromycin, etc.

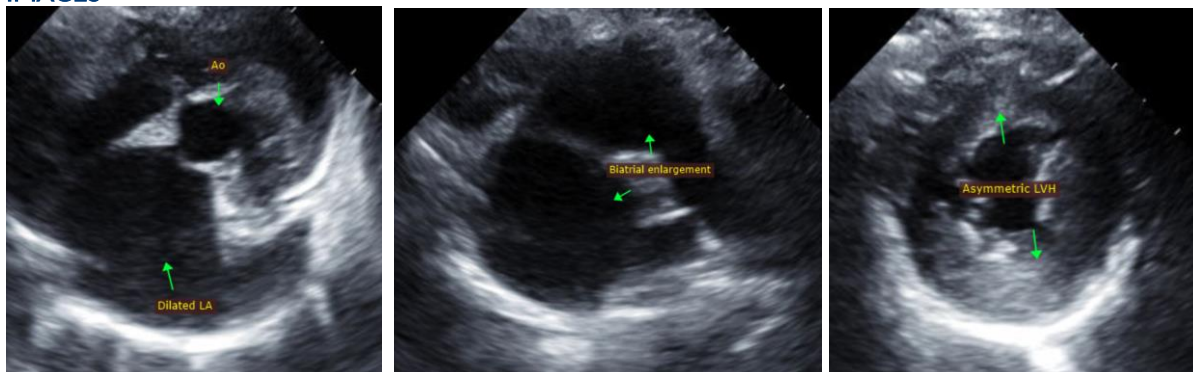
Recommend screening systemic blood pressure and T4 as discussed above with monitoring every 6 mo.

Recheck renal values and BP in 10-14 days if able. If eating well and BP >130mmHg at recheck exam, institute benazepril or enalapril 0.5mg/kg PO q12h.

*NOTE: If the patient is difficult to medicate, 4 medications can be overwhelming. Lasix/Plavix are considered most important.

A recheck echocardiogram is recommended in 6 months to assess 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