



PATIENT

Cider Ferri

PRESENTING CLINICAL SIGNS

History: Presented for suspect THC toxicity. Unable to use hind end. History of heart disease-no workup provided. Grade 4/6 heart murmur.
-Current medications: 18.75mg Clopidogrel SID and 75mg Gabapentin for sedation.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied. There is a mildly hyperechoic endocardium consistent with fibrosis. Mild papillary muscle hypertrophy. No LV dilation with mild dysfunction. The right ventricle is normal. There is moderate left atrial enlargement present with a horizontal component. No intraatrial smoke. No right atrial enlargement present. The RVOT velocity is normal. Abnormal anterior motion of the mitral valve is present, with the tip visible in the LVOT during systole (see below). Moderately elevated LVOT velocity; however, this is suspected to be an underestimation. The anterior leaflet of the MV is thickened and elongated, consistent with dysplasia. There is moderate eccentric mitral regurgitation present. No other obvious valvular regurgitation is present. No obvious intra or extracardiac shunts seen. There is no pericardial effusion noted. No pleural effusion appreciated.

BREED

DSH

SEX

Female Spayed

AGE

3 years

CARDIAC CHART

WEIGHT

6.9lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Graham Animal
Hospital

REFERRING VET

Dr. Sutton

INVOICE

30674

DATE

5/9/23

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	3.2	200	0.60	1.3	0.62	38	70
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	2.1	1.8	1.76		3.9	1.4	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diagnosis and cause of the murmur is mitral valve dysplasia leading to mild LV hypertrophy, moderate MR and an obstructive LVOT flow pattern. There is moderate left atrial dilation present, indicating the risk of spontaneous CHF and/or a thrombotic event is elevated. Of some concern, the LV systolic function is mildly depressed, which is atypical for this disease. Follow up is recommended. No additional issues are identified.

The history is quite unusual and further systemic evaluation and treatment are recommended as dictated by the clinical picture. A blood clot event is certainly a possibility with this degree of disease and must also be considered. Plavix has already been initiated and should be continued going forward, independent of the history. Additionally, Atenolol is recommended to decrease the outflow obstruction. In cases of solely primary MV dysplasia this can lead to improvement in the degree of obstruction



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and hypertrophy. If there is difficulty at home, this can likely be withheld until the rate of progression is determined in the future.

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Monitor at home for any respiratory signs or evidence of blood clot events (neurologic change, paralysis, etc.).

Elective anesthesia is not advised until rate of progression is determined.

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DSH

Long term prognosis is guarded given the age of the patient and degree of LA enlargement. Many cats will remain asymptomatic until mid-life or beyond, while others develop CHF by mid-life. If a blood clot is confirmed to be at least part of the clinical issue, this would dramatically limit prognosis. As most cats succumb within 6 months. Patient will always be at risk for progression to CHF, development of blood clots or arrhythmias, syncope and/or sudden death in the future.

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PLAN

Continue Plavix as prescribed. If able, institute titrating dose of atenolol: 25mg tablets; Give ¼ tab once daily. Recheck heart rate in 1-2 weeks with target stressed rate of 140-160bpm 12-24 hours post-administration. Increase as needed until target reached.

WEIGHT

6.9lbs

Screening blood pressure is recommended if possible. Further systemic evaluation as dictated by the clinical picture for possible toxicity.

INTERPRETED BY

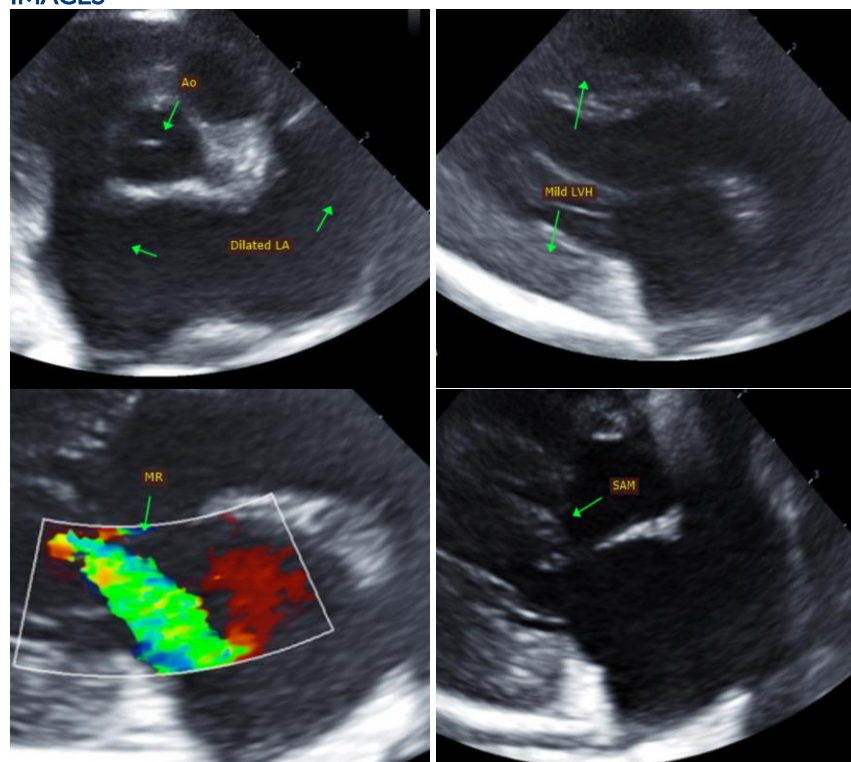
Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

Recommend recheck echocardiogram in 6 months to assess for progression and response to therapy, sooner if clinical issues arise.

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IMAGES



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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
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info@sonopath.com

SEX

Female Spayed

AGE

3 years

WEIGHT

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