

PATIENT

Toulouse Gates

SPECIES

Feline

BREED

Siamese

SEX

Male Neutered

AGE

10 years

WEIGHT

12.75lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Westmoreland
 Animal Hospital

REFERRING VET

Dr. Sullivan

INVOICE

30694

DATE

5/9/23

PRESENTING CLINICAL SIGNS

History: Presented for increased cough and tachypnea. Grade 3/6 heart murmur. Harsh lung sounds. BP: 159, 145, 184mmHg.
 -CXR: Show cardiomegaly with suspect asthma.
 -Current medications: Fluticasone inhaler.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 130bpm with a largely regular rhythm. (range -bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus bradycardia.

ECHOCARDIOGRAM FINDINGS

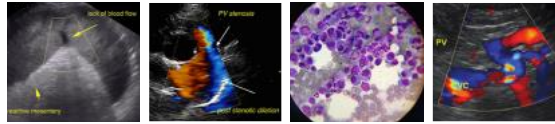
2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The LV chamber is mildly increased with increased sphericity. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled. The LV systolic function is adequate. The left atrium is markedly dilated and bulbous in appearance with a horizontal component. No spontaneous contrast visualized. The right atrium appears normal. The mitral valve appears mildly thickened with moderate central MR. The TV appears normal with no TR. Blood flow through the LVOT and RVOT are normal in velocity. No pericardial or pleural effusion. 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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.8	NM	0.44	1.8	0.49	59	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	2.5	2.8	2.5		1.0	0.9	NM
<p>*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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of severe left atrial enlargement in the face of normal LV wall thickness with mild LV dilation is most consistent with unclassified cardiomyopathy; however, a primary valvular issue is also possible. No hypertrophy is seen, ruling out typical hypertrophic disease. The right heart appears normal, and no additional issues are identified. The ECG is unremarkable, with a normal sinus bradycardia.



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Regardless of categorical classification, what is seen here is severe and supports the patient at exceedingly high risk for CHF. Consider lifelong supportive medications as below, including low-dose diuretic therapy even without documented CHF. Concurrent asthma will complicate screening for CHF at home and this will be the safest approach. Continued treatment of asthma using Fluticasone is reasonable, particularly if the response is positive. The mean survival time for cats with this degree of disease is <8-12 months; however, most are able to maintain a good quality of life on medications if tolerated.

Going forward, there will always remain 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.

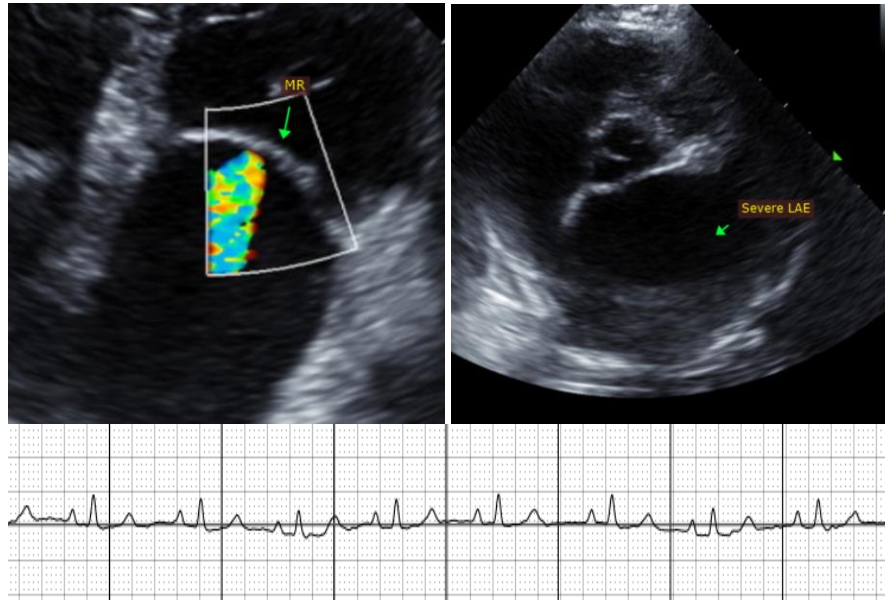
PLAN

Institute low dose Lasix 1mg/kg PO q12h. 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 1.25mg PO q12h (off label use). If able to adequately medicate, institute ACE-I 0.5mg/kg PO q12h. Continue respiratory therapy is warranted.

Monitor renal values and BP in 1-2 weeks then every 3-4 months lifelong.

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

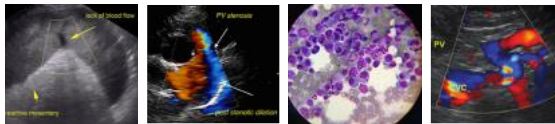
IMAGES



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



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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

info@sonopath.com

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