



PATIENT

Gabriel Forrest

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

5 years

WEIGHT

NP

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

E. Jenkins, DVM

HOSPITAL NAME

Huntsville Veterinary
Specialists &
Emergency

REFERRING VET

Dr. Jenkins

INVOICE

31316

DATE

6/13/23

PRESENTING CLINICAL SIGNS

History: History of vaccine reaction and subsequent respiratory distress in April 2023. At that time, he also had a murmur and abnormal BNP and cardiogenic pulmonary edema on thoracic radiographs. Presented today for full cardiac evaluation. CBC/Chem/T4/SDMA are WNL. BNP is abnormal. Increased RR with normal RE today; no murmur auscultated. Blood pressure is normotensive (average 116/75 MAP 89).
*cannot be medicated orally.

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

ELECTROCARDIOGRAPHIC FINDINGS

A brief six lead ECG is available at 25mm/s; 20mm/mV. The average heart rate is 180bpm with a regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with marked free wall hypertrophy and regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is moderate papillary muscle hypertrophy and remodeling. Adequate systolic function. The left atrium is severely enlarged with auricular involvement. Smoke appreciated; no thrombi seen. The right atrium is normal. The right ventricle appears normal. The mitral valve is normal, with normal mobility. No evidence of systolic anterior motion. No MR or TR. Blood flow through the RVOT is normal in velocity. No pericardial or pleural effusion seen. No obvious cardiac masses.

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	NP	NM	0.75	1.4	0.93	48	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	1.8	1.9		NM	1.1	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.							



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis for LV hypertrophy once a patient is confirmed euthyroid and normotensive. Both have been considered in this case, suggesting primary disease is present. Regardless, the left atrium is severely enlarged, indicating high risk for spontaneous CHF and/or blood clot events. These findings confirm the prior episode was cardiogenic in origin, consistent with CHF. The ECG is unremarkable with a normal sinus rhythm.

Ideally, full lifelong cardiac supportive medications are recommended as below. The patient is reportedly difficult to medicate, making this challenging. Transdermal Lasix, Plavix nor Pimobendan have been proven to be of equal efficacy. At a minimum oral Lasix is suggested using the liquid version as able. Transdermal Plavix can be compounded and may or may not be better than not administering an anti-coagulant. Ideal recommendations are as below; however, at a minimum Lasix should be attempted.

The mean survival time for cats with CHF is 8-12 months, however most cats are able to maintain a good quality of life on medications. Patient will always be 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.

Avoid anesthesia, steroids and fluid therapy unless absolutely necessary in the future.

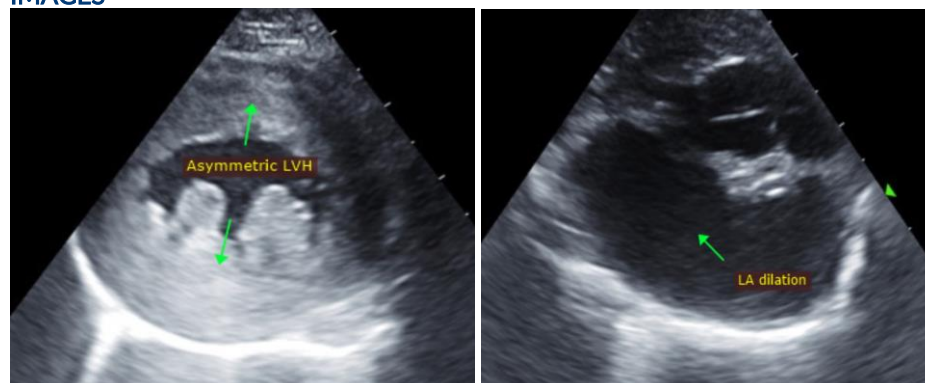
PLAN

If able, administer Lasix 1mg/kg PO q12h (consider 10mg/ml oral solution. If able, institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges and should be coated in entirety or administer in a gel cap). If able, institute Pimobendan 1.25mg PO q12h.

Monitor BP and renal values every 3-4 months lifelong.

A recheck echocardiogram is recommended in 4-6 months to assess progression.

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.

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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.

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Maggie Machen Lamy, DVM
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info@sonopath.com

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