


PATIENT

Master Fuji Murphy

PRESENTING CLINICAL SIGNS

History: Weight loss of one pound over the last year. Sudden onset of increased respiratory rate and effort, anorexia and vomiting. Had Cerenia injection last night and started low dose Furosemide.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension. No LV dilation. Adequate systolic function. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are asymmetric and remodeled. The mitral valve is normal with no MR. The left atrium is mildly 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. No pericardial effusion seen. No pleural effusion. No obvious cardiac tumors.

BREED

Persian

SEX

Male Neutered

AGE

15 years

CARDIAC CHART
WEIGHT

9lbs

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	4.1	180	0.60	1.58	0.61	43	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	1.5	1.6	1.6	0.7	1.2	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.

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of left atrial enlargement in the face of only mild LV hypertrophy is most consistent with atypical Hypertrophic Cardiomyopathy; however, an Unclassified Cardiomyopathy (UCM), is also possible. Mild left atrial dilation is present suggesting the risk for complication may be elevated going forward. No additional issues are identified.

HOSPITAL NAME

 Hawkins Animal
 Hospital

REFERRING VET

Dr. Hawkins

Regardless of categorical classification, the finding of any degree of left atrial dilation confers risk for progression in the future. The acute onset of respiratory signs, in addition to the chest radiographs and echo findings may support CHF if the patient has responded to diuretic therapy and in this case full medications are recommended going forward. If there is a lack of response, a Radiologist review of the films is suggested to rule out primary respiratory issues.

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The long-term prognosis is poor once CHF has been diagnosed with an average survival time of <1 year. There will always remain risk for recurrent CHF, development of blood clots and/or sudden death in the future. Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

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Anesthetic risk is considered elevated, with high risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance.

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PLAN

Screening BP and T4 are recommended every 6 months. Assuming the response has been positive, continue Lasix 1-2mg/kg PO q12h. Institute Pimobendan 0.3mg/kg PO q12h. Institute Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety). If the response to Lasix has been minimal, a radiologist review of the films is strongly recommended.

AGE

15 years

Monitor renal values and BP every 4-6 months lifelong.

WEIGHT

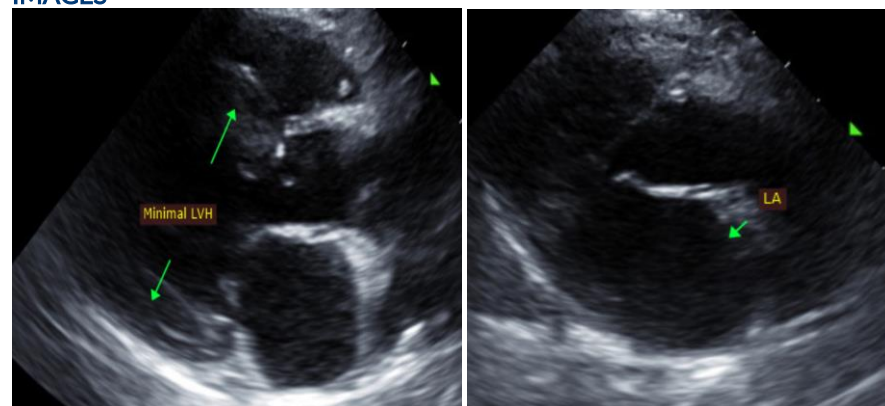
9lbs

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

IMAGES

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)



IMAGING PERFORMED BY

Crystal Hill, RVT

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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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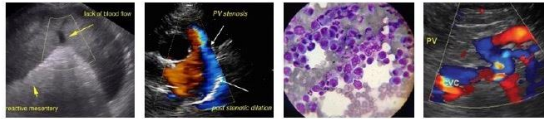
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Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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