


PATIENT

Poe Filice

PRESENTING CLINICAL SIGNS

History: Presented to ER 6-18-22 for abnormal breathing and nasal discharge. Grade 3 murmur noted previously; not appreciated at ER. Increased RR but no dyspnea or increased lung sounds. Given Cerenia.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS **Due to anatomic distortion, standard images difficult to obtain.*

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. The left atrium is moderate to severely dilated. The right atrium is normal. The right ventricle is difficult to assess. The mitral valve is normal in structure and mobility. Mild central MR. Blood flow through both the LVOT and RVOT is normal in velocity. Large hypoechoic mass is visualized suspected to be surrounding the aortic root. True extent is difficult to visualize; however, a sizable lesion is certainly identified. Infiltration/compression is difficult to determine. Small volume pericardial effusion. No significant pleural effusion seen.

BREED

DSH

SEX

Male Neutered

AGE

8 years

CARDIAC CHART
WEIGHT

13.3lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

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	6.02		0.75	1.3	0.74	54	88
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	2.0	1.8		0.81	0.7	NM
<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.							

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

 Beatties Pet Hospital
 Stoney Creek

REFERRING VET

Dr. Baskin/Wittenrich

INVOICE

24887

DATE

6/21/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Two significant abnormalities are identified. First is moderate LV hypertrophy with moderate to severe LA dilation. Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis for LV hypertrophy once a patient is confirmed euthyroid and normotensive. Both should be ruled out in this case. Regardless, the finding of significant left atrial dilation suggests high risk for spontaneous congestive heart failure, and lifelong medications are warranted as below. Additionally there is suspicion for a large cardiac neoplasia associated with the aortic root. Standard imaging planes are distorted; however, suspicion is high. The true extent is difficult to visualize, and this type of mass is rare in cats, making it difficult to speculate on a differential diagnosis. A heart-based origin is suspected, with any soft tissue neoplasia possible including hemangiosarcoma, chemodectoma, lymphoma, etc.



PATIENT

Poe Filice

In total, either of these issues could be leading to accumulation of pericardial effusion (ie a tumor bleed or CHF is possible). Recommend treating for CHF and reassessing the volume in 1-2 weeks. Additionally given the highly unusual nature of this case, strongly recommend referral to a local Cardiologist for advanced echocardiography and potentially a thoracic CT scan for further evaluation.

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

8 years

If CHF is confirmed (ie the effusion resolves with Lasix), the mean survival time for cats with CHF is 8-12 months, however this is independent of suspect concurrent neoplasia. Most are able to maintain a good quality of life on medications for some time. 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: Consider immediate referral as discussed for advanced imaging and evaluation. If declined, three view CXR with a Radiologist review in addition to full systemic evaluation is advised. Oral medications are as follows: Institute 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 Lasix/furosemide 1-2mg/kg PO q12h. Institute Pimobendan 1.25mg PO q12h.

WEIGHT

13.3lbs

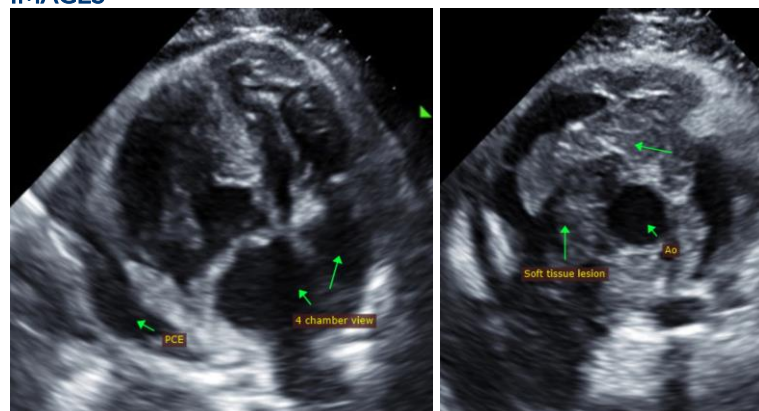
Recheck renal values/BP and if possible fluid status/effusion check in 10-14 days. If eating well and BP remains >130mmHg, institute ACEI 0.5mg/kg PO q24h. If referral is declined and QOL suffers in this case, euthanasia should be elected.

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

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

IMAGES



IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

Beatties Pet Hospital
Stoney Creek

REFERRING VET

Dr. Baskin/Wittenrich

INVOICE

24887

DATE

6/21/22



PATIENT

Poe Filice

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

8 years

WEIGHT

13.3lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Crystal Hill, RVT

HOSPITAL NAME

Beatties Pet Hospital
Stoney Creek

REFERRING VET

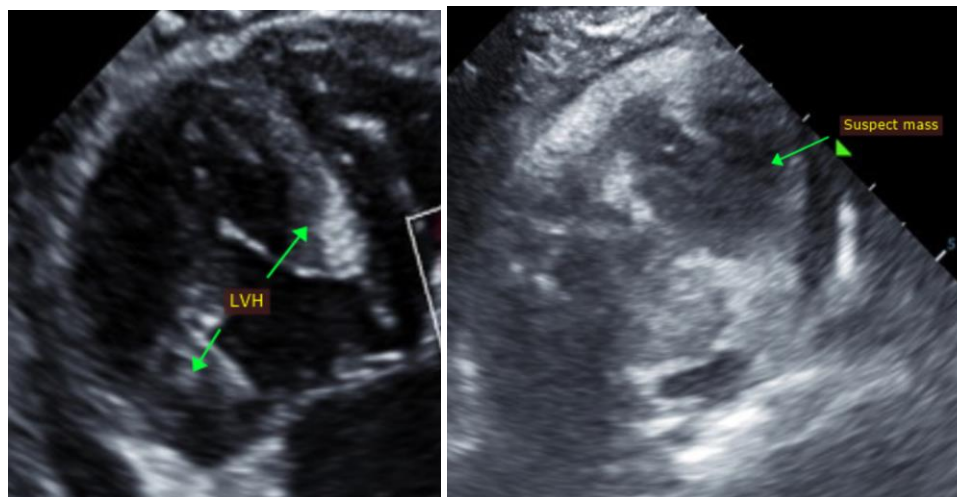
Dr. Baskin/Wittenrich

INVOICE

24887

DATE

6/21/22



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