



PATIENT

Mia Casser

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

16 years

WEIGHT

10.14lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Marsh Animal
Hospital

REFERRING VET

Dr. Milwicki

INVOICE

31545

DATE

6/26/23

PRESENTING CLINICAL SIGNS

History: Recheck echo – 1/2023. History of 3rd degree AV block (diagnosed 1/23). Cardiomegaly with biatrial and biventricular dilation. Hyperthyroid.

-Current medications: Methimazole, Vetmedin, Theophylline, Tylan, Cerenia, Amlodipine, Clopidogrel.

-Pertinent previous echo findings (1/2023 Oradell AH): mild LVE, no LVH, mod to severe LA dilation, mod RA dilation, mod MR/TR, trace AI

-ECG report (Idexx 5/2023): 3AVB; HR 143bpm

-CXR report (Idexx 5/2023): mod cardiomegaly

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with mild endocardial fibrosis and remodeling. The papillary muscles appear mildly remodeled. No hypertrophy seen. The LV chamber is normal with adequate function. The left atrium is mild to moderately dilated. The mitral valve is normal in structure and mobility. Trace central MR. The right atrium is mildly dilated (subjective). The right ventricle is normal. Trace TR. Blood flow through both the LVOT and RVOT are normal in velocity. No aortic or pulmonic insufficiency. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.6	140	0.54	1.6	0.50	42	77
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	1.6	1.6	1.56	1.3	0.394	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

Unclassified cardiomyopathy (UCM) is suspected, as was noted previously with mild to moderate biatrial enlargement. No significant LV pathology is appreciated, making this the likely diagnosis. While the prior report does not include measurements for comparison, the description is more severe than what is appreciated here. Some degree of interobserver variability is suspected; however, mild improvement can also be seen on Pimobendan. Regardless, mild to moderate atrial dilation suggests the risk for complication is low; however, there is risk for progression going forward. No additional issues are identified. C

Given these findings, continued Pimobendan and Plavix therapy is reasonable in this case. Monitor for any signs of progressive heart disease at home including change in breathing rate or effort, signs of a blood clot event and/or lethargy/syncope going forward. Many cats with



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cardiomyopathy will remain occult/asymptomatic for extended periods of time, however there is a subset that will experience more rapid progression to clinical signs in the first few years after diagnosis.

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Complete AV block is noted in the history. Follow up and treatment is recommended as dictated by the ECG report.

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Anesthesia is not advised with AV block.

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Plan: Continue Pimobendan and Plavix as previously recommended. Monitor ECG/BP every 6 months, sooner if syncope or lethargy arises.

Recommend recheck echocardiogram in 6 months to screen for progression, sooner if clinical signs arise.

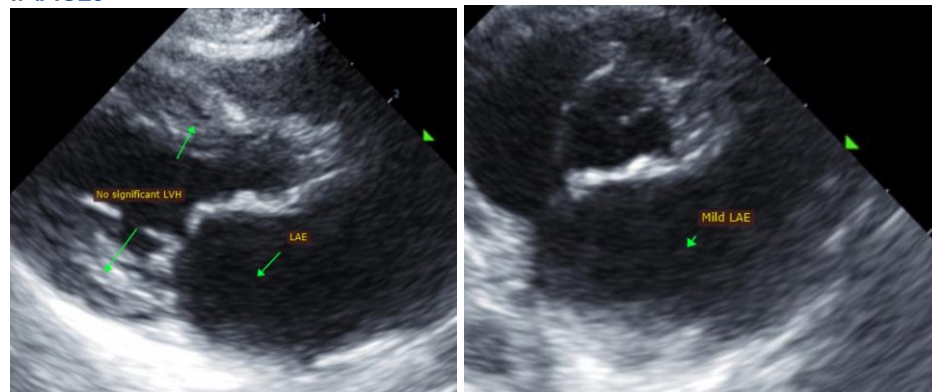
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IMAGES

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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.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

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.

HOSPITAL NAME

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