



## PATIENT

Blue Aburadi

## SPECIES

Feline

## BREED

Sphynx

## SEX

Male Intact

## AGE

4 years

## WEIGHT

11.2lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Kelly Vazquez, CVT

## HOSPITAL NAME

Ridge Road Animal  
Hospital

## REFERRING VET

Dr. Pathak

## INVOICE

25007

## DATE

6/27/22

## PRESENTING CLINICAL SIGNS

History: Recheck echo. Recently lethargic and breathing heavy.

-Current medications: Enalapril 2.5mgs SID, Furosemide 5mgs BID.

-Pertinent previous echo findings (2/2022 EL): Severe RAE, no LAE, large VSD, bi-directional flow with RVH.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is normal. There is a mildly hyperechoic endocardium consistent with some degree of fibrosis and ventricular remodeling. The left ventricular chamber is normal in dimension. The papillary muscles appear normal. The left atrium is normal to slightly volume underloaded. The right atrium is markedly enlarged; no obvious smoke. The right ventricle is mildly enlarged with mild RV hypertrophy; however, the systolic function is subjectively intact. Mild central tricuspid regurgitation. The mitral valve is normal in structure and mobility. No significant mitral regurgitation present. Blood flow through the LVOT is normal in velocity. Flow through the RVOT is borderline elevated. A VSD is unable to be visualized on 2D imaging. An abnormal jet is seen entering the mid-RV however, consistent with this previous diagnosis. Trivial pericardial effusion. Moderate volume pleural effusion and ascites is seen with hepatic congestion. 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	5.1	130	0.51	1.2	0.52	48	83
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  (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	1.2	1.0		0.8	1.7	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 &amp; 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 cause of bi-cavitary effusion is right-sided cardiomyopathy. There are severe right heart compensatory changes, which would suggest elevated risk for decompensation. The previously diagnosed bidirectional VSD is difficult to visualize in this image set, although color flow is suggestive of a shunt. Highly recommend referral in any congenital case, particularly in a severe end-stage situation where additional issues may not be readily apparent. Discussion with the owner is advised.

Given these findings, immediate hospitalization and lifelong cardiac support is recommended as below. Thoracocentesis and/or abdominocentesis should be considered to improve stability. The mean survival time for cats with CHF is <8 months, however most are able to maintain a good



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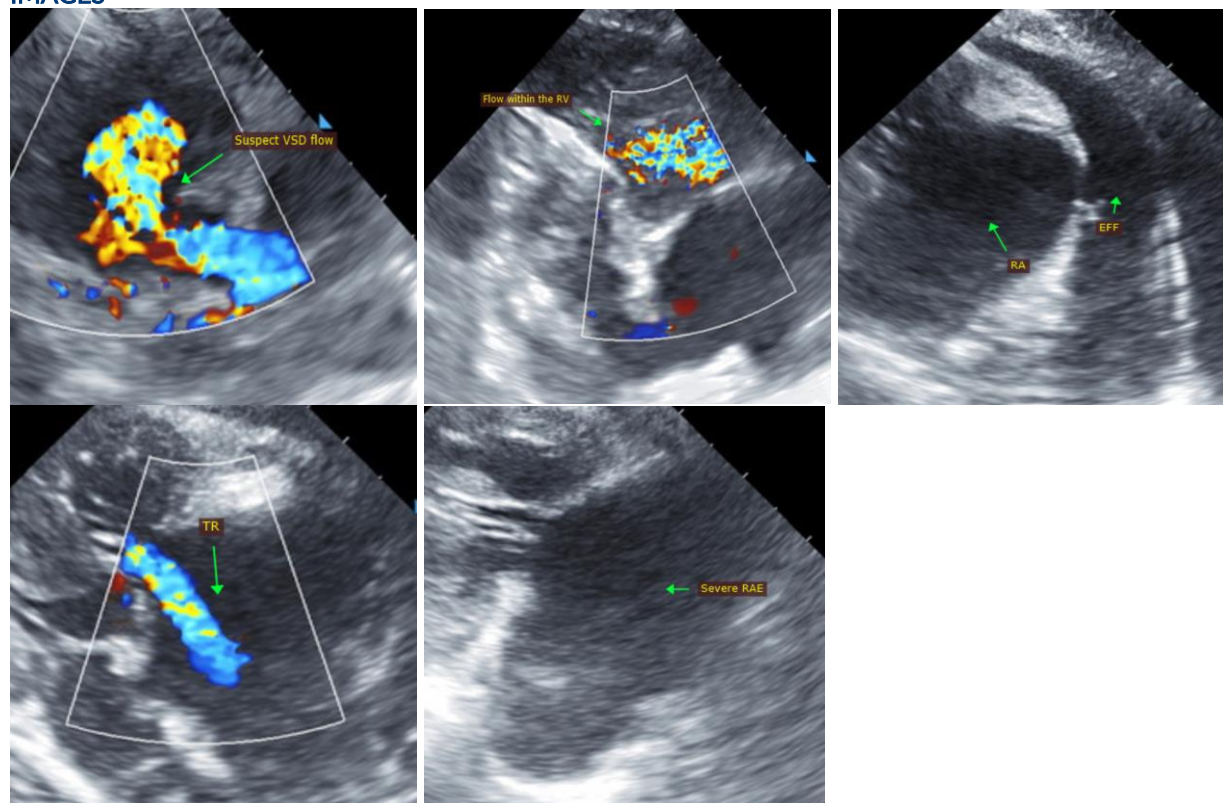
quality of life on medications. Even once stabilized, there will always remain risk for recurrent episodes of CHF, development of blood clots and/or sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

## PLAN

Highly recommend immediate referral to a local Cardiologist for advanced imaging. If declined, hospitalization for stabilization, thoracocentesis and potentially hospitalization should be considered if the patient is unstable or tachypneic. If referral is declined the following medications are recommended: Administer Lasix 1-2mg/kg PO q12h. Institute Pimobendan 1.25mg PO q12h. Institute Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Administer spironolactone 6.25mg PO q24h. Do not utilize an ACEi until the patient is deemed normotensive (>130mmHg in hospital). An ECG and CXR are also recommended.

If referral is declined, a recheck echocardiogram is recommended in 6 months, sooner if recurrence of clinical signs.

## 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



**PATIENT**

Blue Aburadi

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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Feline

**Maggie Machen Lamy, DVM**

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

info@sonopath.com

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