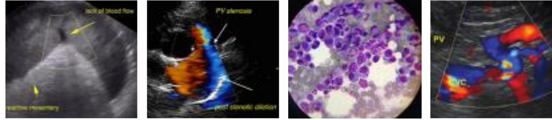


PATIENT
Cleaner Murry

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
11 years

WEIGHT
8.9lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Edgewood Animal Clinic

REFERRING VET
Dr. Callahan

INVOICE
24565

DATE
6/3/22

PRESENTING CLINICAL SIGNS

History: Grade 3/6 heart murmur. Previous abnormal ProBNP. Assess prior to dental.
-Pertinent abnormal PE/Chem/CBC/UA Results: CBC: NSF. BUN: 2.4, Creat: 43, T4: 1.9, USG: 1.036.
-Sedation: Torb.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 140bpm (range 120-150bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm with respiratory variation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with regions of irregularity. No obvious LVH. No LV dilation with adequate myocardial function. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. Remodeled papillary muscles. The left atrium is severely dilated. No obvious smoke. The right atrium is moderately dilated. Trace TR. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trace MR secondary to dilation. Blood flow through both the LVOT and RVOT are normal in velocity. No PI or AI. No effusions or obvious cardiac tumors identified.

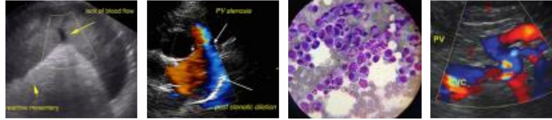
CARDIAC CHART

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	4.0	NM	0.51	1.49	0.49	66	95
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	2.0	2.0		0.98	0.7	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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The LV wall dimension are normal in this patient, with no overt evidence of HCM. There is however severe LA and moderate RA enlargement, which is concerning. The academic diagnosis could be argued in this case, with unclassified/restrictive cardiomyopathy most likely. Regardless, severe left atrial enlargement indicating the risk for complication is high. Trace MR and TR are likely secondary to LA dilation and is of little hemodynamic significance. No cause for the murmur is identified. No additional issues are identified.



PATIENT
Cleaner Murry

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
11 years

WEIGHT
8.9lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Edgewood Animal Clinic

REFERRING VET
Dr. Callahan

INVOICE
24565

DATE
6/3/22

The ECG is unremarkable; however, the patient is sedated. If this does not match what was heard on exam, a longer tracing may be warranted.

It is important to note that no medications have been shown to change the course of disease at this stage. That being said, due to LA dilation I would consider institution of Pimobendan and Plavix at this juncture. An ACE-I could also be argued; however, in an azotemic patient this is not yet indication. Baseline blood pressure is strongly recommended. No obvious indication for Lasix or additional medications at this time; however, close monitoring is advised.

Elective anesthesia is not advised.

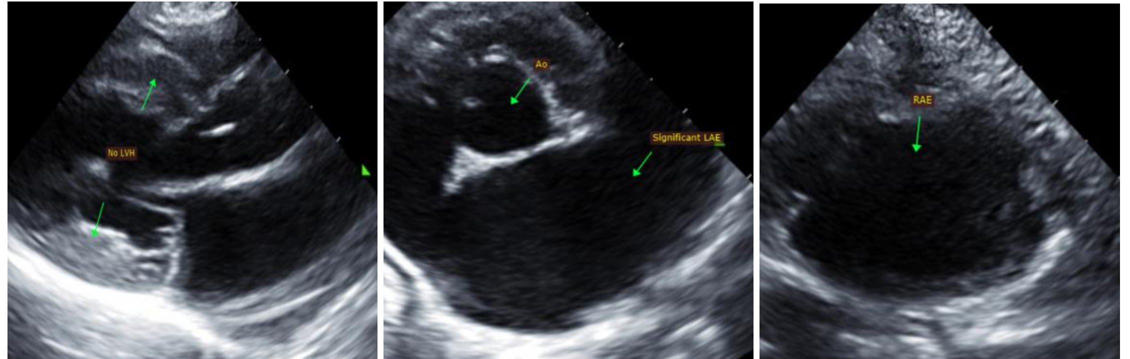
Monitor for any development of clinical signs at home, including labored breathing, cough, or signs of a blood clot (paralysis, neurologic change). Monitoring of sleeping breathing rates is recommended to screen for early decompensation going forward. Patient will always be at risk for spontaneous CHF, development of blood clots and/or sudden death in the future. Prognosis is guarded to poor long-term given the degree of disease seen here

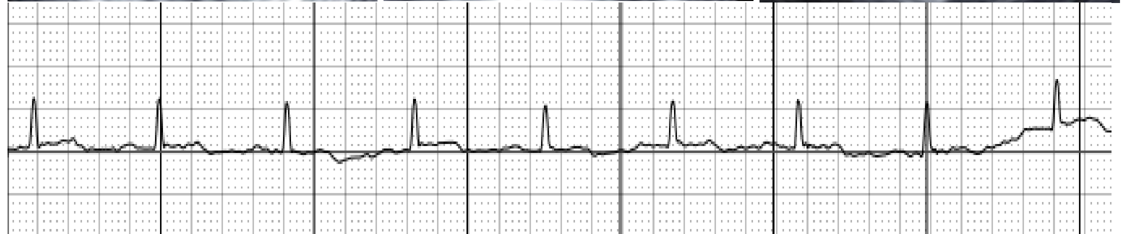
PLAN

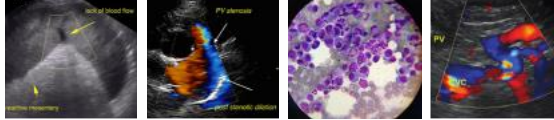
Institute Plavix 18.75mg PO q24h (NOTE: Medication is bitter along the cut edge; coat in entirety or place in a gel cap). Institute Pimobendan 1.25mg PO q12h. Baseline BP is recommended.

A recheck echocardiogram is recommended in 6 months to screen for progressive atrial dilation, sooner if clinical issues arise in the interim.

IMAGES







PATIENT
Cleaner Murry

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
11 years

WEIGHT
8.9lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Edgewood Animal Clinic

REFERRING VET
Dr. Callahan

INVOICE
24565

DATE
6/3/22

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