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Clinical Sonography & Telecytology
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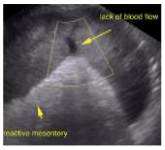
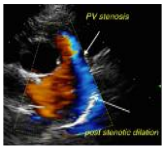
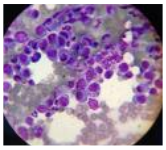
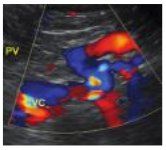





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Blue Barnes

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
3.1 years

WEIGHT
13.2lbs

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

IMAGING PERFORMED BY
Brian Barnes, DVM

HOSPITAL NAME
Westview Veterinary Hospital

REFERRING VET
Dr. Barnes

INVOICE
24678

DATE
6/8/22

PRESENTING CLINICAL SIGNS

History: Acute onset FATE 2 days ago. Limited pulmonary signs but cold rear legs, no palpable femoral pulse, congested nail beds.
-Abnormal PE/Chem/CBC/UA Results: CBC increased WBC 23.24 (N 2.87-17.02), increased neuts, Mono Slight murmur sternal.
-Radiographs: Mild cardiomegaly.
-Current medications: On IVF maintenance. Pain control, heat support and Clopidogrel 18.75mg SID

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately thickened. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is mild papillary muscle hypertrophy and remodeling. Systolic function is mildly depressed. The left atrium is severely enlarged. Significant intraatrial smoke. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is mild thickened, with normal mobility. No evidence of systolic anterior motion. No MR present. No TR. Normal aortic and pulmonic outflow velocities. No pericardial or pleural effusion seen.

CARDIAC CHART

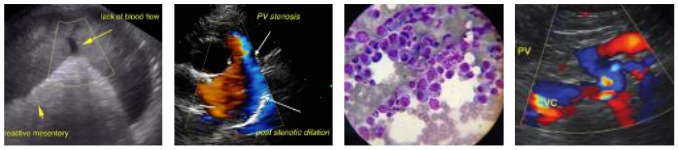
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	------	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.0	NM	0.73	1.5	0.75	38	72
FELINE CARDIAC PARAMETERS	**LA/AO** (Boon)	**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	2.2	2.2	2.1		0.93	1.0	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

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once systemic hypertension and hyperthyroidism are ruled out. Both should be considered; however, in a young cat primary disease is suspected. The severity of disease is significant, with severe LA dilation, significant smoke and moderate LV hypertrophy. No additional issues are identified.

The PE/history and finding of left atrial enlargement with smoke confirms the origin of the clinical signs is a thrombus (saddle thrombus, ATE). Cats of any age who develop an ATE unfortunately carry a poor to grave prognosis, with those who survive the initial clot event often succumbing within weeks to months to a recurrent thrombus or CHF. Should the pain be poorly controlled or significant azotemia occur, an ascending clot would be suspected, and humane euthanasia is recommended.



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Time and supportive care to ensure patient comfort is the best way to approach an ATE should the owners elect to go forward. Heparin can be utilized in hospital to help decrease the risk for clot ascension and further clot development; however, there is no safe or recommended therapy to disrupt the current thrombus. Other possible complications include reperfusion injury, limb necrosis, CHF/arrhythmias. Assuming the pain can be controlled, some cats are able to regain some or all function in the limbs over time while others may not. Lifelong cardiac support and anti-coagulation is recommended as below. Without respiratory signs, Lasix is not clearly warranted; however, **IV fluid should certainly be discontinued**. There is high risk for spontaneous CFH and/or fluid overload in this patient. Close monitoring for changes in breathing at home is recommended.

PLAN

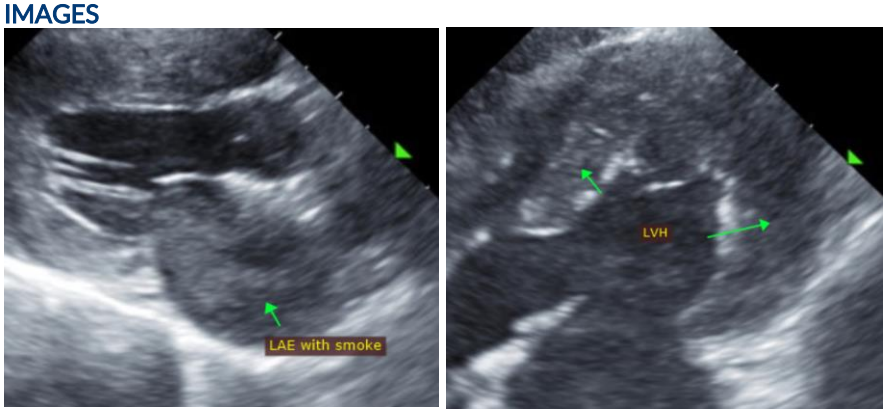
Supportive care through limb manipulation/temperature support, monitoring electrolytes/renal values q6hours, monitoring BP in both fore and hindlimbs, heparin therapy if able/elected, pain control (methadone, buprenex, etc.).

Initiate Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety). Initiate Pimobendan 1.25mg PO q12h. Pending BP >130mmHg, institute ACE-I 0.5mg/kg PO q12h. If any change in breathing, institute Lasix 1-2mg/kg PO q12h.

Recheck renal values in 10-14 days, then every 3-4 months lifelong. Close monitoring of respiratory rate and effort at home.

Recheck echocardiogram in 6 months once stable on oral medications to reassess for progression.

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 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