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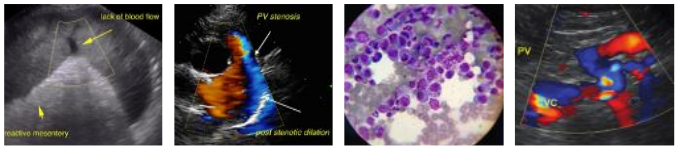


PATIENT
Finn Webb

SPECIES
Feline

BREED
DMH

SEX
Male Neutered

AGE
6 years

WEIGHT
14.1lbs; 6.4kgs

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

IMAGING PERFORMED BY
Patti Mayfield, DVM

HOSPITAL NAME
Countryside Animal Clinic

REFERRING VET
Dr. Cox

INVOICE
31776

DATE
7/10/23

PRESENTING CLINICAL SIGNS

History: Inapptence -less than 24 hours. Mild tachypnea. After these images were taken Finn began Enalapril 2.5mg BID, Furosemide 12.5mg BID, Clopidogrel 18.75mg SID.
-Abnormal PE/Chem/CBC/UA Results: Stress hyperglycemia BG 212, ALT 199u/l.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline normal in dimension with regions of irregularity. Mild LV dilation. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled. Systolic function is borderline. The left atrium is moderately dilated and bulbous in appearance. No obvious smoke. Trace mitral regurgitation. No tricuspid regurgitation. The right atrium is normal. The right ventricle is normal. Blood flow through the RVOT and LVOT is normal in velocity. No pericardial or pleural effusion.

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	6.4	NM	0.54	1.9	0.53	36	70
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	1.6	1.9	1.8		1.0	0.9	NM

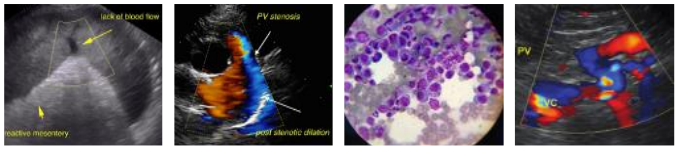
**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
Adapted from June Boon, Veterinary Echocardiography,1998
Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of moderate left atrial dilation in the face of borderline normal LV wall thickness and mild LV dysfunction is most consistent with Unclassified Cardiomyopathy (UCM); however, some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. The wall thickness is borderline normal, ruling out typical hypertrophic disease. No additional issues are identified.

Regardless of categorical classification, patient was reportedly tachypneic which would suggest congestive heart failure (CHF) is a reasonable differential. Chest radiographs should always be considered to confirm, particularly with only moderately LA enlargement. If the patient responded well to triple therapy, this is the presumed diagnosis and lifelong medications are warranted going forward. Consider addition of Pimobendan in any CHF case.

Even if the patient doing well and is able to be stabilized, prognosis is poor once CHF is diagnosed with an average survival time of <1 year. Patient will always remain risk for recurrent CHF, development of additional blood clots, and/or malignant arrhythmias/sudden death in the



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future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent/impending CHF at home.

Elective anesthesia, fluid therapy and/or steroids should be avoided lifelong.

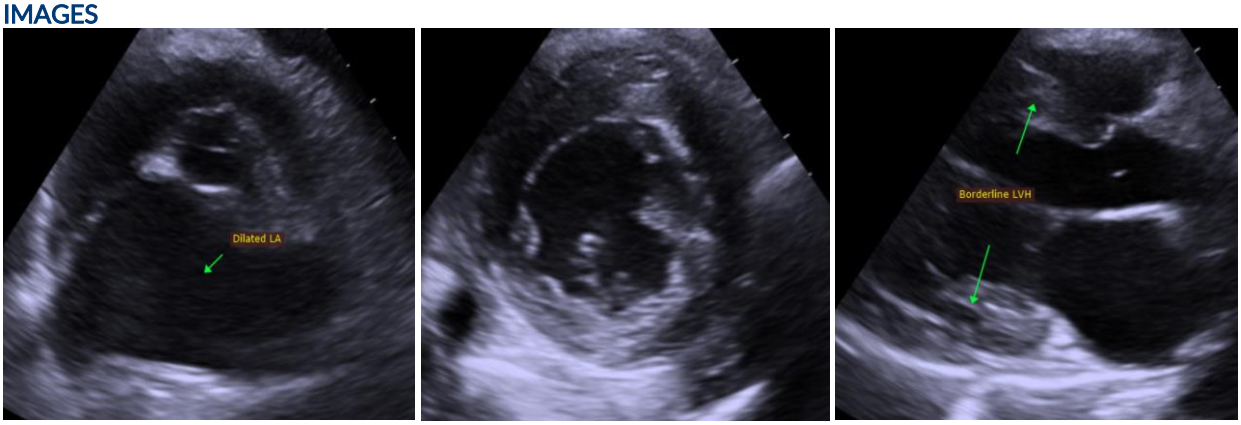
PLAN

Assuming the patient responded well to therapy, CHF is assumed, and medications should be continued as follows: Administer Lasix 1-2mg/kg PO q12h. Continue Plavix as prescribed. Administer ACE-I 0.5mg/kg PO q12h, pending BP >130mmHg and reasonable renal values. If able to be medicated, addition of Pimobendan is recommended: 1.25mg PO q12h.

Recheck renal values and BP every 3-4 months lifelong.

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
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