IMAGING PERFORMED BY

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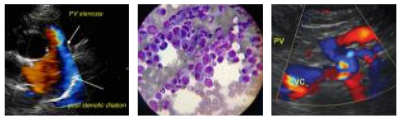

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PATIENT
Goose Reynolds

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
11.29.13

WEIGHT
6.7lbs

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

HOSPITAL NAME
Perrya Hall Animal Hospital

REFERRING VET
Dr. Miller

INVOICE
31789

DATE
7.11.23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Presents for evaluation of worsening azotemia. Murmur, grade 4/6 PMI sternal. BP 150mmHg.
-Current medications: None.
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results: 12/14/2020 MML: normal, remodeling, DRVOTO
-STAT: Not requested
-Imaging performed by: Andi Parkinson, BS, RDMS.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at both 25 mm/s; 10mm/mV. The average heart rate is 188bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. A single APC is seen. No ventricular ectopic beats, pauses or other dysrhythmias observed.
ECG diagnosis: Normal sinus tachycardia with a single APC.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled. Adequate systolic function. The left atrium and auricle are moderate to severely dilated and bulbous in appearance. No obvious spontaneous contrast (smoke) seen. The right atrium is normal. The right ventricle appears largely normal. The mitral valve is normal in structure and mobility. Trace central MR. Blood flow through both the LVOT and RVOT is normal in velocity. No TR. No AI/PI. No pericardial or pleural effusion seen. No obvious cardiac tumors.

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.0	191	0.49	1.3	0.47	57	90
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	1.8		1.2	0.95	NM

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 severe LA dilation in the face of normal LV wall thickness is most consistent with Unclassified Cardiomyopathy (UCM); however, end-stage HCM is also possible. Mild MR is noted as the cause of the murmur, which appears to be secondary to annular stretch. Regardless of categorical classification, the degree of disease is severe with signifncant LA dilation. No additional issues are identified. Compared to this study, there is clear progression seen here, with normal findings in 2020.

The ECG does show a isolated APC. The underlying rhythm is sinus tachycardia, which is likely due to stress and potentially early decompensation. No treatment is advised at this time as hopefully stabilizing the cardiac disease will help improve the frequency of the arrythmia. Follow up is advised.

Lifelong medications are warranted as below, given high risk for decompensation even without reported clinical signs. That being said, the patient is noted to be azotemic, and Lasix should be withheld until any changes are noted at home. CKD will limit treatment of CHF, and we must consider this if and when the patient reaches CHF.

The mean survival time for cats once CHF develops is 8-12 months, however most are able to maintain a good quality of life on medications. There will always remain risk for recurrent CHF, development of blood clots, and/or malignant arrhythmias/sudden death in the 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 or steroid therapy is not advised.

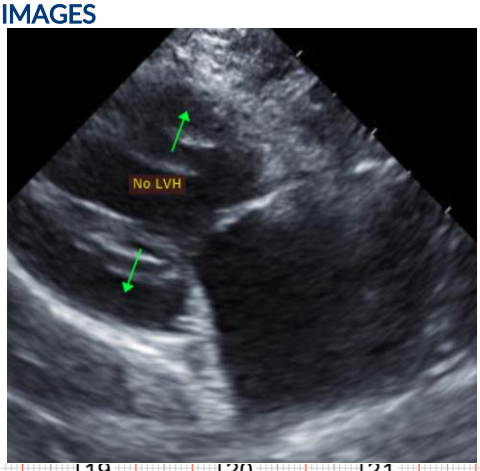
PLAN

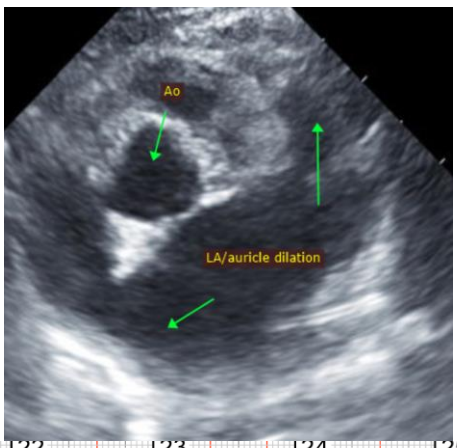
If able, institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Institute Pimobendan 1.25mg PO BID.

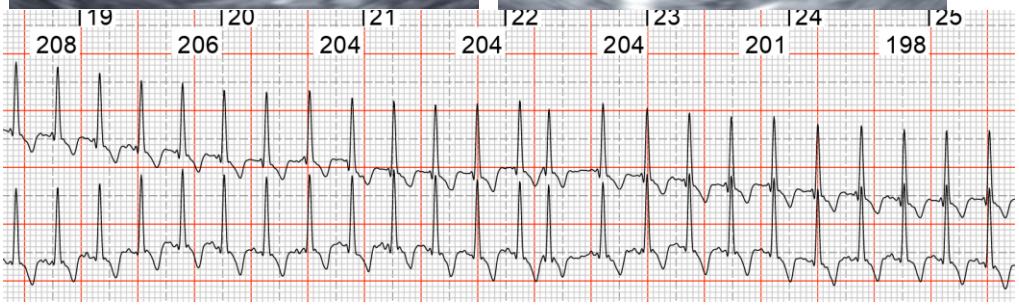
If any changes are noted at home attributed to cardiac disease, consider low dose Lasix at that time, 1mg/kg PO q12h.

A recheck echocardiogram and ECG is recommended in 6 months to assess 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.

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