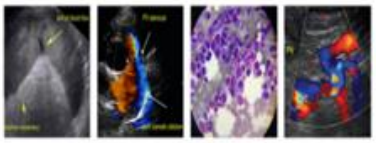
Mass Veterinary Services



SonoPath Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Lilah Lepoer

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
10 years

WEIGHT
8.5lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
25259

DATE
7/12/22

PRESENTING CLINICAL SIGNS

History: Lilah presented to ER on July 1 for dyspnea. CXR revealed cardiomegaly; hepatomegaly; diffuse, unstructured interstitial pattern in lung lobes with a bi-cavity effusion. Thoracocentesis removed 175mls from her left hemithorax (lymphocytic rich effusion). Lab work was unremarkable with the exception of a mild low-grade anemia and positive ProBNP. She was started on Pimobendan and Lasix. On exam today: NSR, grade III/VI parasternal murmur, PSS, lung fields clear, compressible thorax. BP: 110mmHg. Current medications: 1) Pimobendan/vetmedin 1.25mg 1 tab twice a day 2) Lasix/furosemide 12.5mg 1/2 tab three times a day *No sedation for study.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is borderline increased with adequate myocardial function. The LV wall thicknesses are normal with regions of thinning. There is a diffusely hyperechoic endocardium consistent with fibrosis. False tendon. The papillary muscles are mildly hypertrophied and hyperechoic. The endocardium appears remodeled.

Left atrium: The left atrium and auricle are markedly dilated. No obvious smoke or thrombi seen.

Mitral valve: The anterior leaflet of the mitral valve is thickened and club-like, consistent with dysplasia. Stenosis seen on inflow morphology, 2D/m-mode imaging and color flow Doppler. Atypically short chordae tendineae with a tethered appearance. No obvious systolic anterior motion is appreciated. Moderate to severe eccentric mitral regurgitation is noted.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: The right atrium is normal in dimension.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: Small volume pericardial and pleural effusion noted. No obvious cardiac masses.

2-Dimensional Measurements

Ao diam (cm)	0.7
LA diam (cm)	2.4
LA:Ao (Swe)	3.4
IVS thickness (cm)	0.36
LVID diastole (cm)	1.78
PW thickness (cm)	0.43
LVID systole (cm)	0.82
FS (%)	56

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	4.1
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The diagnosis is mitral valve stenosis. This is a form of mitral valve dysplasia (i.e. present from birth), where the valve doesn't open adequately. There is also abnormal closure with a significant mitral leak as the cause of the murmur. No obvious systolic anterior motion is visualized, and the LV is overall unremarkable. No additional issues are identified.

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The LA is severely dilated, indicating the patient is unstable and at high risk for decompensation and/or a thrombotic event at this time.

Given the history and presence of pleural and pericardial effusion on the current exam, the patient is certainly in fulminant CHF and requires additional therapy. The goal is to prolong asymptomatic life; however, the long-term prognosis is poor given the severity of disease. Most cats can be managed on medications for an average of 8-12 months once CHF occurs.

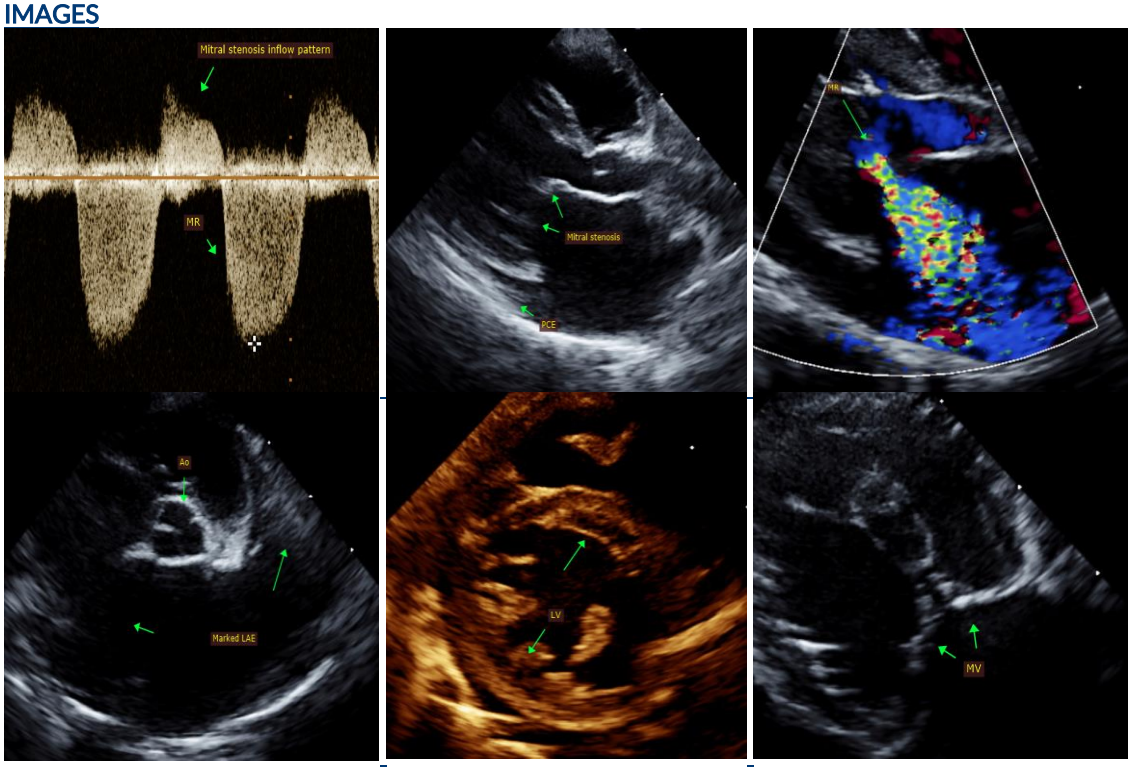
RECOMMENDATIONS

- Increase Lasix to 12.5mg PO q12h.
- Institute Spironolactone 6.25mg PO q12h.
- Continue Pimobendan as prescribed.
- Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges. Coat in entirety).
- Recheck renal panel and BP in 1-2 weeks.
- Elective anesthesia is not advised.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- Recommend recheck echocardiogram in 6 months to screen for progression, sooner if clinical signs arise in the interim.

IMAGES



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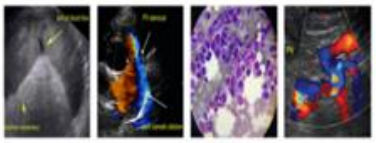

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)