



PATIENT

Bangoo Raey

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

18 years

WEIGHT

8.8lbs; 4.0kgs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia St-Jacques,
LVT/RVT

HOSPITAL NAME

Brighton Greens
Veterinary Hospital

REFERRING VET

Dr. Murphy

INVOICE

25300

DATE

7/13/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Increase cough in last few weeks.

-Current medications: Lasix 8mg BID PO (liquid wedgewood) Clopidogrel 37mg SID (transdermal wedgewood) Methimazole 2.5mg PO SID 0.5ml PO 15ml (liquid wedgewood).

-Abnormal PE/Chem/CBC/UA Results: BUN 39 (H), Cr 2.3 (<2.4), USG 1.015, negative proteinuria

-ECG report: Heart Rate: 169 Heart Rhythm: Sinus rhythm with occasional singular VPCs.

-Pertinent previous echo findings (6/2021 MML): Asymmetric LVH, mildly depressed FS: 31%, severe LAE, mild MR. LA: 2.0, IVSd: 0.98, LVWd: 0.69

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with severe septal thickening and mild free wall thickening. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy. Mildly decreased systolic function. The right ventricle appears normal. There is marked left atrial enlargement present. No obvious smoke. Mild right atrial enlargement present. Normal RVOT velocity. No obvious systolic anterior motion (SAM) of the mitral valve present, with a normal LVOT velocity. There is mild mitral regurgitation. No TR. No other obvious valvular regurgitation is present. Small volume pericardial effusion noted. Small to moderate pleural effusion appreciated.

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	0.82	1.4	0.66	37	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	NM	2.2	1.9	0.94	0.54	NM	
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM) persists with recurrent CHF. The LV is actually similar to the prior study with marked left atrial dilation. These findings certainly reflect end-stage disease with recurrent refractory CHF (stage D). The right atrium is mildly enlarged as well; however, no obvious additional issues are identified.

Given these findings, more aggressive cardiac support is recommended as below. Consider hospitalization for supportive care and thoracocentesis if indicated. Mean survival time once CHF is diagnosed is typically 8-12 months, making this cat unfortunately a poor to grave prognosis.



PATIENT

Bangoo Raey

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

18 years

WEIGHT

8.8lbs; 4.0kgs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia St-Jacques,
LVT/RVT

HOSPITAL NAME

Brighton Greens
Veterinary Hospital

REFERRING VET

Dr. Murphy

INVOICE

25300

DATE

7/13/22

Our goal is to stabilize the situation for the short-term; however, there is high risk for sudden death going forward.

VPCs are noted in the history, and are not surprising given severe structural disease in a crisis situation. Follow up and treatment should be dictated by the ECG report.

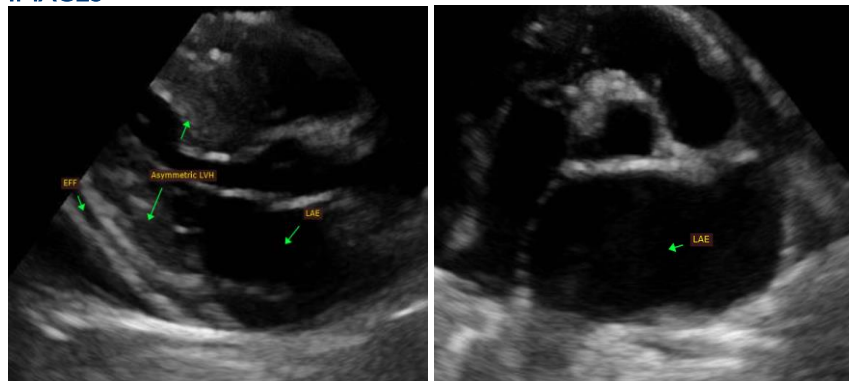
PLAN

Consider hospitalization +/- thoracocentesis. At a minimum, injectable Lasix should be utilized prior to discharge. Increase oral Lasix 12mg PO q12h. Continue Plavix as prescribed. Institute Pimobendan 1.25mg PO q12h.

Monitor renal values and BP in 1-2 weeks, then every 3-4 months lifelong.

A recheck echocardiogram 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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com