


PATIENT

Moe Rocksberg

SPECIES

Feline

BREED

Bernese

SEX

Male Neutered

AGE

5.5 years

WEIGHT

9lbs; 4.1kgs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

 Loetitia St-Jacques,
 LVT/RVT

HOSPITAL NAME

 Grass Valley
 Veterinary Hospital

REFERRING VET

Dr. Cortright

INVOICE

25309

DATE

7/13/22

PRESENTING CLINICAL SIGNS

History: Presented for labored breathing. Was hunched over, not eating or drinking much. Today 7/13 pet seems normal again. No medications. Indoor only. No injuries O knows of. Has a history of a heart murmur. grade 3/6 murmur.

-CXR report: Concern for COPD with cardiomegaly +/- CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is highly irregular with borderline basilar dimensions and a thin-walled apical appearance. The apical lateral wall specifically is significantly thinned with exuberant fibrous tissue. There is a mildly hyperechoic endocardium consistent with fibrosis. The LV is normal with adequate myocardial function. The papillary muscles are mildly remodeled. The left atrium is severely dilated. No obvious smoke. The right atrium appears normal. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trace MR. No TR. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LWVd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.1	NM	0.54	1.1	0.49	52	90
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	NM	2.2	1.9	1.8	1.4	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 severe LA dilation in the face of a highly irregular LV is most consistent with unclassified/restrictive cardiomyopathy (R/UCM), with an infarcted region of the lateral wall is suspected. There is severe LA enlargement indicating high risk for complication.

Given these findings and the history, institution of lifelong medications is warranted as below including Lasix and off-label Pimobendan. It is unclear if the prior respiratory signs were due to CHF; however, an improvement without diuretics would suggest a primary respiratory component. Regardless, full cardiac support should be utilized. 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 progression to CHF and development of blood clots in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for CHF at home.



PATIENT

Moe Rocksberg

Elective anesthesia, fluid or steroid therapy is not advised.

SPECIES

Feline

PLAN

Institute diuretic Lasix 1mg/kg PO q12h. 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 q12h. *Note: If patient is difficult to medicate, Pimobendan and Plavix would be most important. If recurrent respiratory signs develop, strongly recommend repeat CXR.

BREED

Bernese

Recheck renal values and BP in 10-14 days to ensure tolerance of medications, then every 4-6 months lifelong. If BP is >130mmHg and patient is easily medicated, institute ACE-I 0.5mg/kg PO q12h.

SEX

Male Neutered

A recheck echocardiogram is recommended in 6 months to assess progression.

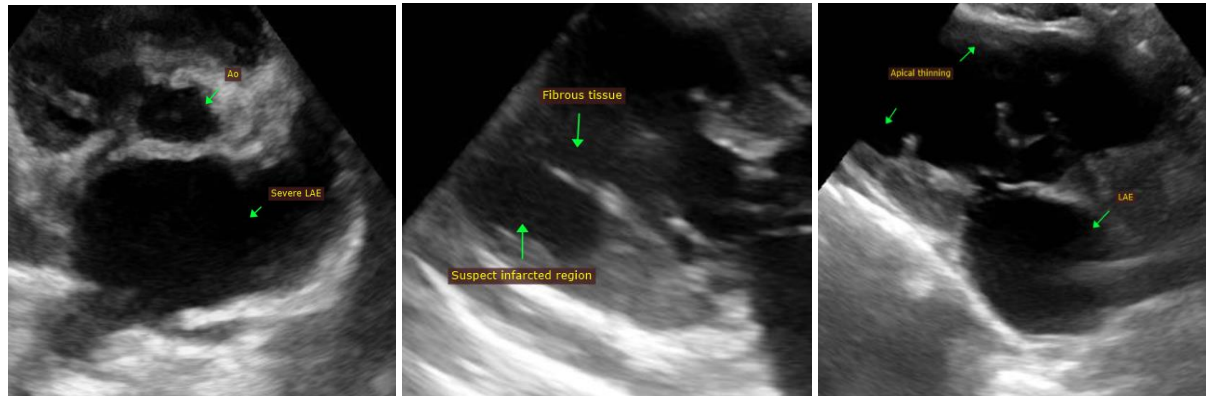
AGE

5.5 years

IMAGES

WEIGHT

9lbs; 4.1kgs



INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia St-Jacques,
LVT/RVT

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.

HOSPITAL NAME

Grass Valley
Veterinary Hospital

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.

REFERRING VET

Dr. Cortright

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

INVOICE

25309

DATE

7/13/22