


PATIENT

Bowie Kogan

PRESENTING CLINICAL SIGNS

History: Grade 4/6 heart murmur. Losing weight, decreased appetite.

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with moderate to severe hypertrophy contrasting regions of thinning. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is papillary muscle remodeling with asymmetry. Systolic function is mildly decreased. The left atrium is severely dilated. No obvious smoke. The right atrium is also mildly dilated. The right ventricle appears affected as well. The mitral valve is normal; however, there is severe central MR. Normal velocity. There is no aortic insufficiency. Blood flow through both the LVOT and RVOT are normal in velocity. There is mild tricuspid regurgitation present; however, the tricuspid valve appears normal in form and function. Normal velocity. No pericardial effusion is visualized. No obvious pleural effusion.

CARDIAC CHART
AGE

12 years

WEIGHT

10.5lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	4.8	NM	0.87	1.3	0.70	40	76
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	2.8	2.5	2.1		1.0	0.8	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.

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Ringwood Animal Hospital

REFERRING VET

Dr. Wilkes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of a significantly hypertrophied LV with irregularity and systolic dysfunction is most consistent with burn-out or end-stage Hypertrophic Cardiomyopathy (HCM), although severe MR may suggest a concurrent valvular issue. Regardless, what is seen here is severe with marked left atrial enlargement and high risk for decompensation. A baseline ECG and BP are strongly recommended.

Given these findings, full cardiac support is recommended as below including low dose lasix, even without reported clinical signs. This is based upon extremely high risk going forward.

INVOICE

31960

DATE

7/20/23

The mean survival time for cats with CHF is 6-12 months, however most are able to maintain a good quality of life on medications (if pillled successfully). Patient will always remain at high risk for recurrent episodes of CHF and development of blood clots in the future. Once stabilized, monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.



PATIENT

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Elective anesthesia is not advised.

SPECIES

Feline

PLAN

Recommend baseline ECG and BP. Oral medications are as follows: Institute anti-coagulant Plavix/Clopidogrel 75mg tabs; Give 1/4 tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety). Administer Pimobendan 1.25mg PO q12h. Administer Lasix 1-2mg/kg PO q12h.

BREED

DSH

Recommend recheck renal values and systemic blood pressure every 3-4 months life-long.

SEX

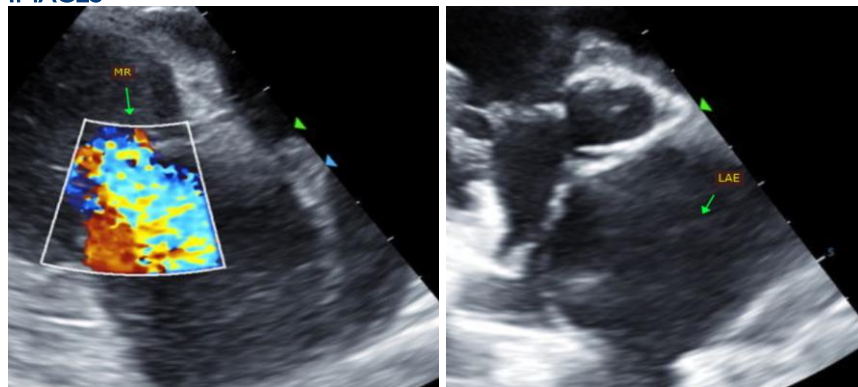
Male Neutered

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

AGE

12 years

IMAGES



WEIGHT

10.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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.

IMAGING PERFORMED BY

Val Shumskaya

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.

HOSPITAL NAME

Ringwood Animal
Hospital

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