



PATIENT

Dora Haslbeck

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

8.22.08

WEIGHT

10.88lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Alexander Animal
Hospital

REFERRING VET

Dr. Alexander

INVOICE

31968

DATE

7.20.23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Heart murmur. Hyperthyroid.
 -Pertinent abnormal PE/Chem/CBC/UA Results: 7/3/23- >CPK 3232, Ca 11.6, >SDMA 20.5, T4 0.8.
 -Current medications: Methimazole 10mg/mL 0.5mL BID.
 -Sedation used: Not required to complete full diagnostic ultrasound.
 -Pertinent previous ultrasound results (8/2022 MML): Unremarkable LV with mild biatrial enlargement. Unknown murmur. LA: 1.5.
 -STAT: Not requested
 -Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with endocardial fibrosis and remodeling. There is a diffusely hyperechoic endocardium. The papillary muscles appear mildly remodeled. No hypertrophy seen. The LV chamber is normal with adequate function. The left atrium is mild to moderately enlarged. The mitral valve is normal in structure and mobility. Mild central MR. The right atrium is mildly dilated (subjective). The right ventricle is normal. No significant TR. Blood flow through both the LVOT and RVOT are normal in velocity. No aortic or pulmonic insufficiency. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.9	NM	0.47	0.5	0.50	50	84
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	1.8	1.6	1.1	1.2	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

Compared to the prior study, there is evidence of mild progression. While the LV remains unremarkable, the LA is mild to moderately dilated. This may suggest risk for complication, particularly given a familiar history of a cardiogenic thrombus. No additional issues are identified, and the right heart remains mildly affected.

Given these findings, consider institution of Plavix at this juncture. Monitor for any signs of progressive heart disease at home including change in breathing rate or effort, signs of a blood clot event and/or lethargy/syncope going forward. Many cats with cardiomyopathy will remain occult/asymptomatic for extended periods of time, however there is a subset that will experience more rapid progression to clinical signs in the first few years after diagnosis.

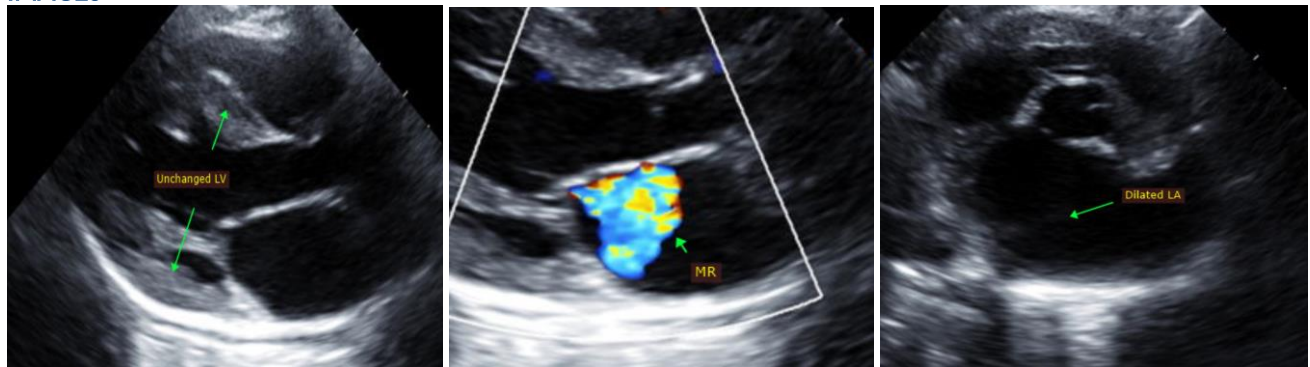
Anesthetic risk is considered moderately elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol would include opioid/benzodiazepine pre-medication, propofol induction, isoflurane gas. If fluid or steroid therapy is needed, close monitoring of breathing rates is advised as fluid intolerance is certainly a possibility.

PLAN

Baseline BP is recommended every 6 months. If able, consider instate Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).

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

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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