



PATIENT

Turnip Cran

SPECIES

Feline

BREED

DMH

SEX

Female Intact

AGE

5½ weeks

WEIGHT

15oz

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Westmoreland

PRESENTING CLINICAL SIGNS

History: Has had 3 episodes of lips and tongue turning blue after being fed or stimulated to urinate/defecate when she was younger. Will resolve if held upright and after a few seconds to minutes. Doing well otherwise, e/d well, gaining weight. Unable to discern heart murmur at this time. Increased abdominal effort on respiration noted even at rest.
 -CXR report (AIS): Severe globoid cardiomegaly, suspicious for CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal to slightly decreased in dimension. LV function is mildly depressed. Mild LV dilation with increased sphericity. Normal papillary muscles. Fibrosis banding seen spanning the LV chamber. The left atrium is mild to moderately enlarged. The right atrium is mild to moderately enlarged. The right ventricle appears enlarged as well; no obvious RVH. The MPA is not well visualized. The pulmonic valve appears normal. The mitral valve is normal in structure and mobility. Trace MR. No obvious TR. Blood flow through both the LVOT and RVOT is normal in velocity. No additional valve regurgitation seen. No obvious congenital shunts. No pericardial effusion seen. No pleural effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (oz)	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	15.0	NM	0.21	1.2	0.26	33	60
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	2.0	1.2		1.2	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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the underlying diagnosis cannot not be determined in this image set. What can be said is there is four chamber dilation, likely the cause of radiographic abnormalities. The systolic function is mildly depressed as well with fibrosis banding. This may reflect an atypical form of juvenile RCM; however, other issues not identified here should certainly be considered. No additional issues are identified.

These findings are inconclusive as to a definitive diagnosis and cause of structural changes in this very young cat. Highly recommend immediate referral given the degree of cardiac enlargement and reported CHF on the films, as this is clearly a hemodynamically significant problem. Advanced imaging will likely be recommended, such as bubble study, CT/angiogram,

REFERRING VET

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etc. If declined, given the radiology report recommend use of Lasix and Plavix (if able). This patient will always be at high risk for a blood clot event and/or CHF going forward.

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Regardless of definitive diagnosis, prognosis is poor long term, as CHF has reportedly developed at just 5 weeks of age. Patient will always be at risk for left-sided CHF, development of arrhythmias, and/or sudden death in the future. If the response to Lasix is minimal and referral is not elected, consider euthanasia for quality-of-life issues.

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Risk for general anesthesia is certainly elevated and should be avoided.

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Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

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PLAN

Highly recommend immediate referral for advanced imaging in search of a definitive diagnosis. If declined, baseline BP and ECG are recommended. Institute Lasix 1-mg/kg PO q12h. If able, institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges and should be coated in entirety or administer in a gel cap).

WEIGHT

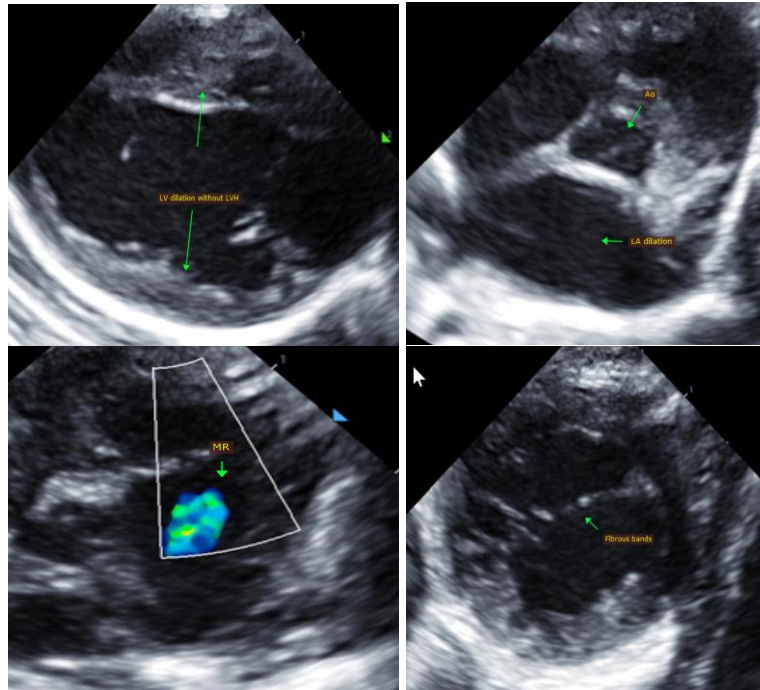
15oz

If referral is declined, recommend recheck echocardiogram in 6 months, sooner if any clinical signs. IF patient declines in the interim and referral is not an option, humane euthanasia should be considered.

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Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGES



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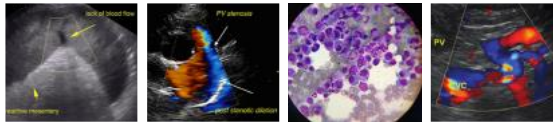
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Maggie Machen Lamy, DVM
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