



PATIENT

Pepper Potts Kafka

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

13.8 years

WEIGHT

7.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Emily Kalenius, DVM

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Kalenius

INVOICE

25506

DATE

7/22/22

PRESENTING CLINICAL SIGNS

History: Presented to Wilvet 7/14 for ptyalism, lethargy and tachypnea. Had started prednisolone 24 hours earlier. Hospitalized on oxygen, furosemide.

-Current medications; Clopidogrel 1/4 tab PO q24h, furosemide 12.5mg 1/2 tab PO BID.

-Abnormal PE/Chem/CBC/UA Results: PEL Thin, no obvious heart murmur or arrhythmia. Vitals wnl (BP 95/75mmHg after sedation) EPOC = Bicarb 28.1, pH 7.515, BE 5.2, K+ 2.6, iCa 1.11, GLU 163, HCT 25% - metabolic alkalosis, hypokalemia, mild anemia.

-Sedation: Gabapentin and alfaxan for echo.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately hypertrophied with an asymmetric appearance (IVSd > LVWd). Mild remodeling. Significant papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. There is moderate left atrial enlargement present No right atrial enlargement present. The RV appears normal. Normal LVOT/RVOT velocities. There is no obvious systolic anterior motion (SAM) of the mitral valve present, no MR. No TR. No other obvious valvular regurgitation is present. There is scant pericardial effusion noted. No pleural effusion appreciated. 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>	LVWd (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	3.4	NM	0.73	1.2	0.69	68	96
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	1.8	1.6	1.5	0.93	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

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both should be considered in this case. The degree of hypertrophy is moderate, with moderate LA enlargement. No obvious additional issues are identified.

My assumption is this was a case of significant yet subclinical disease that was easily pushed into a fluid overloaded state with use of steroid therapy. Scant pericardial effusion is considered likely to be cardiogenic in origin until proven otherwise given this information and continued supportive care and diuresis is recommended. Once stabilized, discharge on full cardiac support as below. Prognosis is guarded to poor in cats with significant LA dilation; however, assuming the current crisis can be stabilized I am hopeful she can remain stable on medications for some time.



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Reassessment in 1-2 months after stabilization will be key to determine full clinical picture and help predict prognosis.

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Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). High risk for iatrogenic fluid or steroid overload in the future.

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PLAN

Screening BP/T4 are recommended. Continue Lasix 1-2mg/kg PO q12h. Continue Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). If doing well, no additional medications are warranted at this time.

SEX

Female Spayed

Recheck renal values and BP in 10-14 days. If doing well and BP is >130mmHg, institute ACE-I 0.5mg/kg PO q12h.

AGE

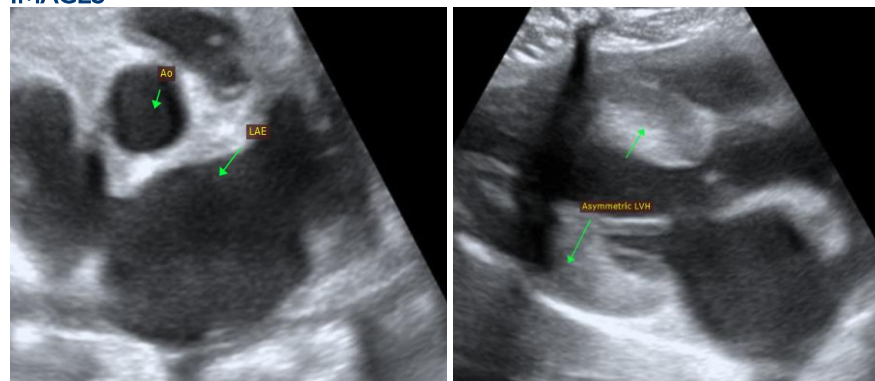
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If possible, a brief recheck of left atrial dimension is recommended in 1-2 months. Otherwise, if patient does well, a full recheck echocardiogram is recommended in 6 months.

WEIGHT

7.5lbs

IMAGES



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

Emily Kalenius, DVM

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

Wilvet Salem

REFERRING VET

Dr. Kalenius

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

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