

**PATIENT**

Wallace Asnen

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

7.21.13

WEIGHT

9.7lbs

INTERPRETED BYMaggie Machen Lamy,
DVM, DACVIM
(Cardiology)**HOSPITAL NAME**Nexus Veterinary
Specialists**REFERRING VET**

Dr. Stelle

INVOICE

25149

DATE

7/5/22

PRESENTING CLINICAL SIGNS

History: Insulin resistant diabetes mellitus. Diagnosed with DM in March 2022, initially started on 2u of Glargine BID. Insulin has been increased based on glucose curves to 7u BID since then, still not controlled. Pu/Pd, urinary accidents, weight loss, diabetic neuropathy. Abdominal ultrasound performed 7/5/22; enlarged CVC. Gallop and tachypnea on exam today.

-Pertinent abnormal PE/Chem/CBC/UA Results: 3/23/22 (DM diagnosis); Chem Alt=122, Bili=0.6, Chol=315, TG=1626, BG=415, CBC Plt=508K, Fructosamine=628.

-Current medications: Glargine insulin 7u BID.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results:

-STAT: Not requested

-Imaging performed by: Andi Parkinson, BS, RDMS.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled. The left atrium is severely dilated and bulbous in appearance. Spontaneous contrast noted. The right atrium is moderately dilated. The right ventricle appears largely normal. The mitral valve is normal in structure and mobility. Trace MR. Trace TR. Blood flow through both the LVOT and RVOT are decreased in velocity. Scant pericardial effusion in some views; inconsistent. No pleural 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.4	170	0.52	1.56	0.52	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	1.9	1.9		1.1	0.8	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

The finding of severe biatrial dilation in the face of normal LV/RV wall thickness is most consistent with Unclassified Cardiomyopathy (UCM); however, some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. There is normal wall thickness, ruling out typical hypertrophic disease and the systolic function is intact globally. Serial echocardiography will be helpful to confirm the diagnosis and assess for progression. Finally, smoke is seen within the left atrium, which dramatically raises the risk for a blood clot event. No additional issues are identified.

Regardless of categorical classification, the finding of this degree of biatrial dilation is highly concerning as there is high risk for clinical decompensation in the near future, and lifelong medications are warranted as below including diuretic therapy and off-label Pimobendan. 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.

Elective anesthesia, fluid or steroid therapy are not advised.

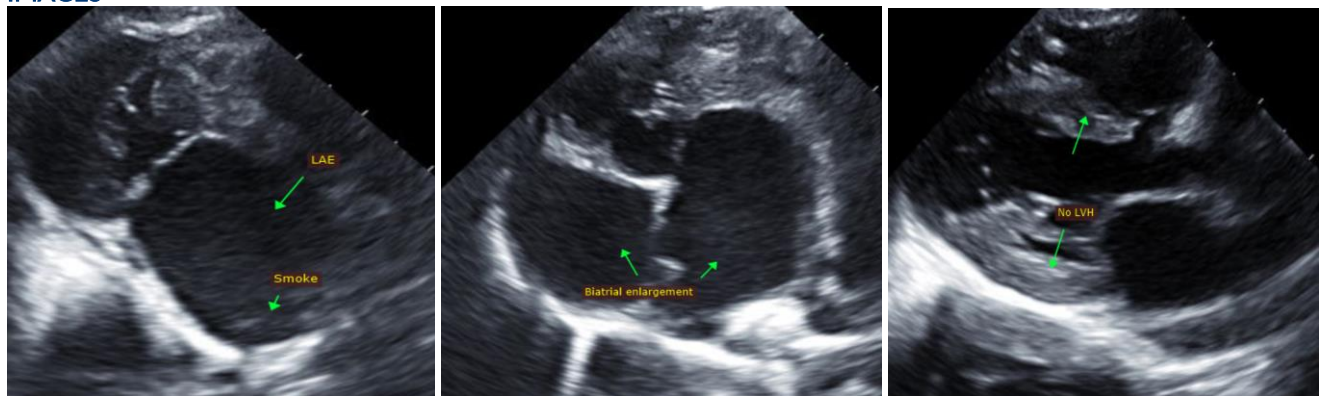
PLAN

Institute diuretic Lasix 1-2mg/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 BID.

Recheck clinical status, renal values and BP in 10-14 days to ensure tolerance of medications. If BP >130mmHg in hospital and patient is doing well, consider addition of ACEI (0.5mg/kg PO q12h).

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

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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