

**PATIENT**

Grayson Wyatt

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

9.21.09

**WEIGHT**

11.2lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**HOSPITAL NAME**

Essex Middle River  
Veterinary Center

**REFERRING VET**

Dr. Franchini

**INVOICE**

32055

**DATE**

8.1.23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Weight loss. Doing well otherwise. History of UCM and Hyperthyroidism. Arrhythmia noted on heart auscultation.

-Current medications: Methimazole - 7.5mg daily (2.5 and 5.0) - dose increased from 2.5mg BID, Plavix 18.75mg SID TD, Vetmedin 1.25mg BID.

-Sedation used: Declined, resulting in limited image quality.

-Pertinent previous ultrasound results (9/2021 MML): Mild LAE, remainder NSF. LA: 1.6, LA/AO: 1.6.

-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 irregular with a borderline posterior dimension. Mild LV dilation. There is a diffusely hyperechoic endocardium consistent with fibrosis. The systolic function is mildly depressed with evidence of diastolic dysfunction as well. The papillary muscles are mildly remodeled. The left atrium is markedly dilated and bulbous in appearance with subtle spontaneous contrast seen. The auricle is dilated as well. The right atrium is mild to moderately dilated. The right ventricle appears affected as well with irregular wall morphology. No tricuspid regurgitation. The mitral valve is normal with trace MR. Blood flow through the LVOT and RVOT is low normal in velocity. No obvious AI or PI. No obvious pericardial effusion seen. No pleural effusion. No obvious cardiac tumors. Tachycardia throughout.

**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	5.1	240	0.49	1.9	0.64	36	69
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	2.4	2.4	0.8	0.7	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 certainty evidence of progression. Previously mild LA enlargement is now marked with right heart involvement as well. The LV is similar to previous without significance pathology. Finally, a significant tachyarrhythmia is noted throughout the study and an ECG is strongly recommended.

Given these findings, there is great concern for imminent decompensation in this patient and full cardiac support is recommended as below. This includes addition of diuretic therapy. If the patient is or becomes unstable, consider hospitalization for oxygen therapy. If able to be stabilized and medicated, the mean survival time for cats with CHF is 8-12 months, however most are able to maintain a good quality of life on medications. There will always remain risk for recurrent episodes of CHF, development of blood clots and/or malignant arrhythmias/sudden death in the future. Monitoring of sleeping breathing rates is recommended as the best way to screen for recurrent CHF at home.

Elective anesthesia is not advised. Additionally, avoid fluid and/or steroid therapy in the future unless absolutely necessary as both can lead to fluid overload in these patients.

## PLAN

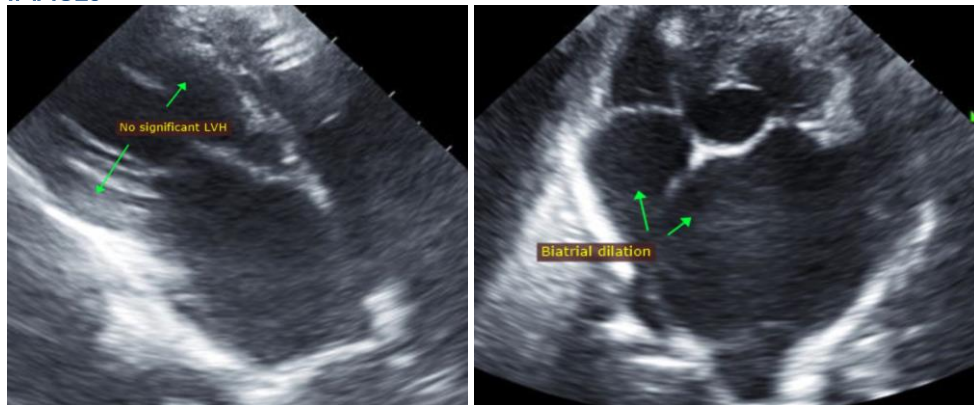
Baseline BP and ECG are recommended. Consider hospitalization if needed. Continue Pimobendan and Plavix as prescribed. Institute Lasix/furosemide 1-2mg/kg PO q12h.

Monitor renal values/BP in 10-14 days to ensure tolerance of medications, if doing well and BP >130mmHg, institute vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h. Monitor renal values/Bp every 6 months life-long.

\*NOTE: Many cats are difficult to medicate, and multiple medications can be overwhelming. If there is difficulty at home, Lasix and Plavix are considered most important. Consider compounding if needed.

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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