



PATIENT

Copa Ng

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

13 years

WEIGHT

13.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Ng

INVOICE

20482

DATE

8/11/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. Increased RR.

-Radiographs: Possible mass vs granuloma vs other.

-Current medications: Pimobendan 1.25mg bid, Clopidogrel 75mg 1/4 SID.

-Pertinent previous echo findings (6/2020 MML): Mild LVH, mild to moderate LAE. IVSd: 0.65, LVWd: 0.68, LA: 1.5, LA/AO: 1.6. Suspect UCM.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension with regions of irregularity. Normal systolic function. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled with regions of atrophy. The mitral valve is normal with no MR. The left atrium is mild to moderately dilated and bulbous in appearance. No obvious smoke. The right atrium is normal. Tricuspid valve is normal with no TR. The right ventricle appears normal. Blood flow through both the LVOT and RVOT is normal in velocity. No pericardial effusion seen. No pleural effusion. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (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	6.2	198	0.66	1.3	0.68	46	90
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	1.67	1.69	1.69	0.6	0.5	NM	
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i></p> <p>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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely unchanged structural disease. The LA remains dilated and the LV walls mildly increased; however, there is no obvious significant progression. An irregular heart rate is noted throughout the study and a baseline ECG is recommended.

Given these findings, no additional medications are indicated. Additionally, it is unlikely that this patients' respiratory changes are due to structural disease in the absence of congestive heart failure. Primary pulmonary pathology is suspected based on the radiograph report. Continue Pimobendan and Plavix as was previously prescribed. Further pulmonary evaluation is advised



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including radiologist review of the radiographs, referral for advanced imaging, and/or further workup.

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The long-term prognosis remains guarded; however, it is encouraging that there is a lack of significant progression seen here. There will always remain risk for progression to CHF and development of blood clots and/or sudden death in the future. Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

BREED

DSH

Anesthetic risk is considered moderate, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

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PLAN

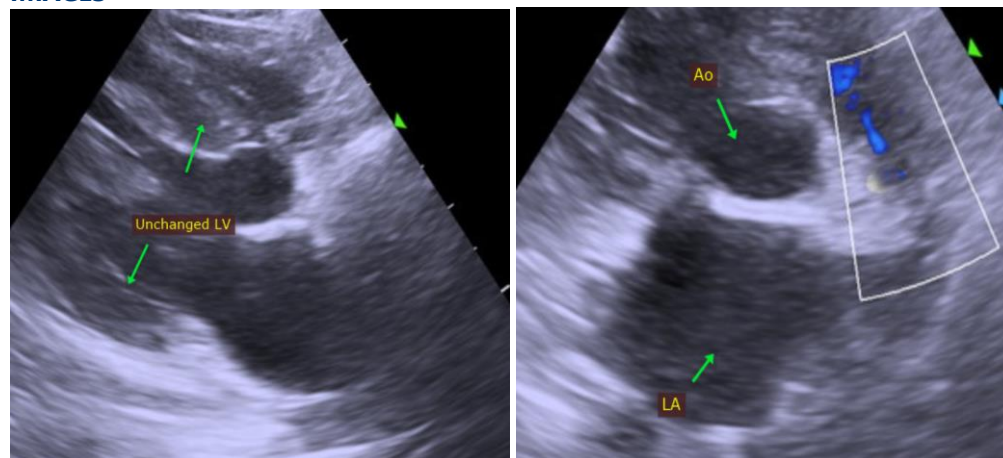
Continue 2 medications as prescribed.

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

IMAGES



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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.

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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