



PATIENT

Meko DeBiase

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

16 years

WEIGHT

15.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Byram Animal
Hospital

REFERRING VET

Dr. Cruz

INVOICE

25766

DATE

8/15/22

PRESENTING CLINICAL SIGNS

History: Possible CHF after Depomedrol injection given 7/29/22. 8/9/22 ER visit; CXR showed generalized cardiomegaly and pulmonary congestion (not included). Patient currently stable, NMA. -Current medications: Lasix 20mg 1/2T bid. Depo 10mg IM inj. on 7/29/22
Abnormal PE/Chem/CBC/UA Results: wnl

ECHOCARDIOGRAM FINDINGS *Atypical cardiac window per sonographer.

2D, m-mode, color flow and doppler imaging is available. Standard views are obscured. The left ventricular wall is mildly increased in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size with mild subjective hypertrophy. There is mild to moderate left atrial enlargement present. Mild MR. No right atrial enlargement present. Normal RVOT velocity. No TR. Normal LVOT velocity. The main pulmonary artery is prominent, with an irregular dimension. Mild dilation at the level of the valve. There is no pericardial effusion noted. No pleural effusion appreciated. 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	7.1	180	0.62	1.2	0.65	58	94
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	1.44	1.6		1.2	0.8	NM
<p>*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.</p>							

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 as contributing factors in this case. Regardless, the degree of hypertrophy is moderate, with mild LV hypertrophy and mild to moderate LA dilation. The pulmonary artery takes an abnormal course with regions of narrowing contrasting regions of dilation. This is of unknown significance, although early PAH may be at play given mild RV thickening. No additional issues are identified. Given an atypical cardiac window noted in addition to these unusual findings, recommend referral in this case for advanced imaging with a local Cardiologist to ensure additional abnormalities are not missed.

My assumption is this was a case of subclinical disease that was easily pushed into a fluid overloaded state with use of steroid therapy. If the patient remains tachypneic, Lasix is certainly recommended going forward. Additionally, Plavix is reasonable given LA dilation. Prognosis is guarded to poor in cats with significant LA dilation; however, I am hopefully there may be some



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improvement given the history. 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

Recommend referral for advanced imaging as discussed. If declined, screening BP and T4 every 6 months is recommended. Continue Lasix 1mg/kg PO q12h. Consider institute Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges).

SEX

Male Neutered

Recheck renal values and BP in 10-14 days then every 3-4 months on diuretics.

A brief recheck echocardiogram is recommended in 1-2 months to reestablish a baseline.

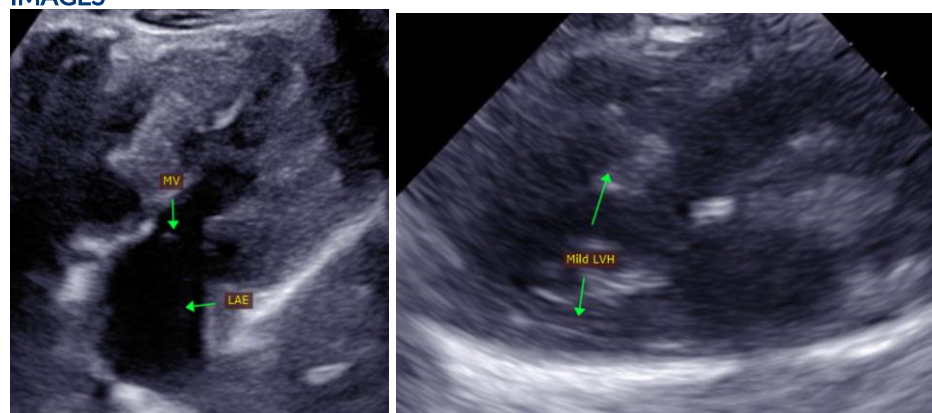
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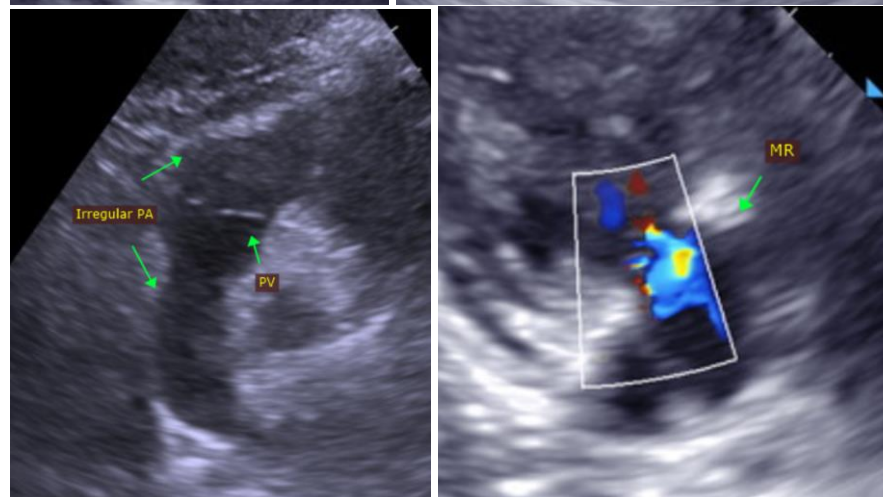


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. This report was generated using transcription software, and minor



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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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