



PATIENT

Lily Logan

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

13 years

WEIGHT

8.5lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Q Street Animal
 Hospital

REFERRING VET

Dr. Cone

INVOICE

32397

DATE

8/16/23

PRESENTING CLINICAL SIGNS

History: Presented for 2-day history of anorexia and rapid breathing. Patient improved on flow-by oxygen but has not substantially improved overnight after initiating steroid therapy. Physical exam: tachypnea with increased effort and expiratory whistle; difficulty ausculting heart, muddy mucous membrane color, 1.4lbs weight loss.

-Abnormal PE/Chem/CBC/UA Results: Elevated AST (350, n=10-100) and ALT (192, n=10-100), mild hyperglycemia (207, n=64-170), elevated CPK (4553, n=56-529), mild lymphopenia (910, n=1200-8000), hyperthyroidism not previously diagnosed (TT4 6.8, n=0.8-4).

-Current medications: 20mg Depo medrol IM, 1mg Dexamethasone IM, 2.5mg Prednisolone PO.
 -Radiographs: Some motion artifact due to rapid breathing. No pleural effusion or thoracic mass visible. Inflamed bronchioles ("doughnuts") clearly visible and numerous. Cardiac silhouette appears normal in shape/size.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
 Mild cardiomegaly. No obvious evidence of CHF.

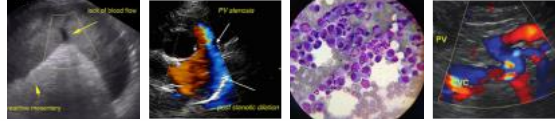
ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with a focal septal hypertrophy. Normal systolic function. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled without obvious hypertrophy. The mitral valve is normal with mild central MR. The left atrium is moderately dilated and bulbous in appearance. A small hyperechoic opacity is seen that is freely movable within the lumen (only seen on the base view). An origin cannot be visualized. No obvious smoke. The right atrium is normal. Tricuspid valve is normal with trace TR. Normal velocity. 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)	LWVd (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	3.9	NM	0.64	1.25	0.40	62	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	1.9	1.8	1.5		0.7	0.9	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.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of left atrial enlargement in the face of focal LV hypertrophy is most consistent with Unclassified Cardiomyopathy (UCM); however, a hypertrophic phenotype is also possible. Moderate left atrial dilation is present in addition to significant LV remodeling and fibrosis which indicates diastolic dysfunction. A small opacity is seen within the left atrium that appears to be freely movable and adhered to the atrial surface of the mitral valve. The significance of this finding is unknown. Possibilities include a small blood clot, endocarditic lesion or potentially a mass-like lesion. Blood cultures could be considered and follow up is recommended. No additional issues are identified. Given the unusual and complicated nature of the findings, **consider referral to a local specialty center in this case for advanced evaluation.**

Regardless of categorical classification, the finding of moderate left atrial dilation confers risk for progression in the future and medications should be considered. Close monitoring of RR/RE is advised at home. The patient has a history of asthma and I agree the chest radiographs are inconsistent with CHF. That being said, **a Radiologist review may be beneficial**, particularly given the significance of the cardiac findings and lack of response to steroids. Pending results continued treatment of respiratory disease is suggested (consider Azithromycin, inhaled steroids, etc.). Given what is seen here, recommend Pimobendan and Plavix going forward. Plavix can be difficult to administer; however, particularly in light of the abnormal opacity this is suggested. Ideally, I would avoid further steroid use in this case.

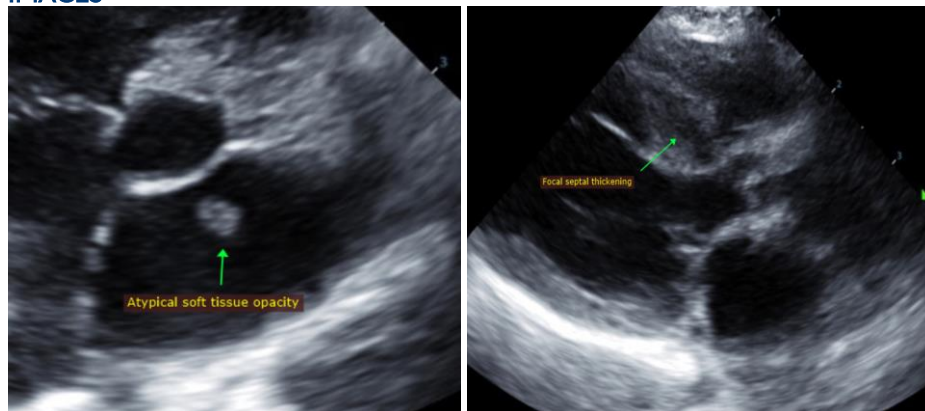
The long-term prognosis given the totality of the findings is guarded; however, there is a highly variable rate of progression in cats with subclinical disease. There will always remain risk for progression to CHF and development of blood clots and/or sudden death in the future. Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

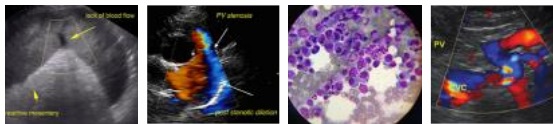
PLAN

Recommend referral as discussed. Screening BP and T4 are recommended every 6 months. Recommend a Radiologist review of the films. Recommend Plavix 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Recommend Pimobendan 1.25mg PO q12h. Further respiratory evaluation/ treatment as dictated by the CXR report.

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.

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