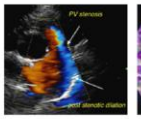
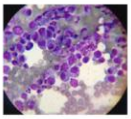
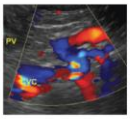

PATIENT

Rocky Flores

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

12years

WEIGHT

14.2lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Trammell

INVOICE

20616

DATE

8/18/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. Has been walking much slower and occasional increased RR after getting medications. Otherwise fairly stable. Had episode of increased RR and collapse in rear end. BG was 187 front paw and 141 back paws. Femoral pulses equal and normal strength. Rear legs were ambulatory but stiff and sitting frog legged. Delayed CP in rear legs, decreased limb withdrawal. Suspect saddle thrombus. Patient has fully recovered from this episode.
-Current medications: Clopidogrel 18.75mg SID, Pimobendan 1.25mg BID, Furosemide 6.25-12.5mg BID.
-Pertinent previous echo findings (1/14/21 MML): HCM with asymmetric thickening and regions of thinning. Severe LAE: 2.0cm, mild MR, trivial TR. Irregular rhythm. Suspect AF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with a normal/thin septum and mild thickening of the free wall. There is a diffusely hyperechoic endocardium consistent with fibrosis. Papillary muscle atrophy with remodeling There is severe left atrial enlargement present. No obvious smoke. Moderate right atrial enlargement. The right ventricle appears mildly affected. Decreased RVOT velocities. There is no obvious systolic anterior motion (SAM) of the mitral valve present, with a decreased LVOT velocity. There is mild central mitral regurgitation preset, likely secondary to LA dilation. Mild TR. No other obvious valvular regurgitation is present. The MPA and branches are normal. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors. Rapid irregular rhythm throughout.

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	6.4	330	0.47	1.68	0.62	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	2.8	2.4		0.46	0.53	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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study there is evidence of progression with progressive thinning of the posterior wall. This likely reflects end-stage/burn out physiology given the degree of biatrial enlargement. Right atrial enlargement is a new finding which is likely developing secondary to

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structural disease in addition to an extremely rapid irregular heart rate. No additional structural issues are identified.

The most concerning finding in this case is the **heart rate of >300bpm with an irregular rhythm.** This likely reflects rapid atrial fibrillation; however, the importance of a screening ECG cannot be stressed enough. **This patient is need of rate control therapy; however, a diagnosis must be made prior to selecting the appropriate medication**. The patient is extremely unstable and is at high risk for CHF, blood clot and/or sudden death in the near future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

Elective anesthesia is contraindicated.

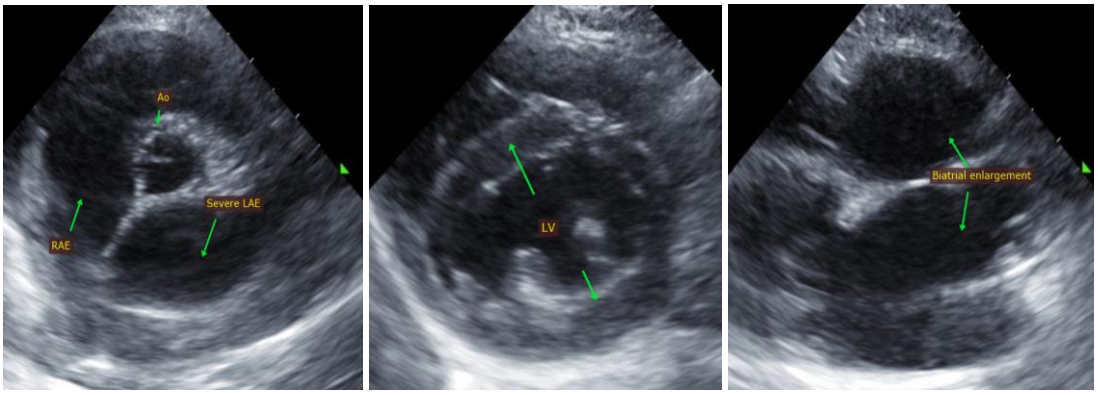
PLAN

ECG strongly recommended to determine what antiarrhythmic therapy is indicated. If this cannot be done at your facility, immediate referral is advised. Continue Plavix, Pimobendan and Lasix as prescribed.

Monitor BP and renal values every 4-6 months lifelong.

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if clinical signs arise.

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. 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