



PATIENT

Conrad Shalack

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

8.25.10

WEIGHT

9.34lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

North Laurel Animal
Hospital

REFERRING VET

Dr. Cohn

INVOICE

25882

DATE

8.18.22

PRESENTING CLINICAL SIGNS

History: Recheck echo.

-Pertinent abnormal PE/Chem/CBC/UA Results: BUN 60, Creat 3.2

-Current medications: Atenolol 25mg tabs, ¼ SID.

-Blood pressure: 143/94mmHg.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (3/2018 MML): Mild LAE, mild HOCM.

-STAT: STAT ECG/report offered and declined at this time.

-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is highly irregular with regions of thinning contrasting normal thickness. The LV is mildly dilated. There is a diffusely hyperechoic endocardium consistent with fibrosis. The systolic function is decreased with evidence of diastolic dysfunction as well. The papillary muscles are mildly remodeled. The left atrium is severely dilated. Obvious spontaneous contrast; no obvious thrombus. Mild central MR due to annular stretch. The right ventricle is also affected, with diffuse fibrosis and remodeling. Mild RA dilation. Mild central TR; normal velocity. Blood flow through the RVOT and LVOT is normal velocity. Moderate aortic insufficiency. No pericardial effusion. No pleural effusion. No obvious cardiac tumors. Irregular rhythm 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	4.2		0.4	2.0	0.5	34	66
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	2.0	2.0		0.9	0.9	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

The finding of severe left atrial enlargement in the face of normal/decreased LV wall thickness and systolic dysfunction is most consistent with Restrictive Cardiomyopathy (RCM). The degree of disease is severe, with severe LA dilation and smoke within the chamber. Additionally, there is significant arrhythmic disease present, and an ECG is strongly recommended. Compared to the 2018 study, there is certainly evidence of progression with mild changes becoming severe. The aortic leak was noted previously; however, appears progressed in this study despite normal blood pressures.

The finding of this degree of left atrial dilation is highly concerning for imminent CHF and lifelong medications are warranted as below even without reported clinical signs. This patient is at high risk for thromboembolic events regardless of medications and this should be expressed to the owner (monitor for neurologic change, acute paralysis/lameness, etc.). The prognosis is guarded to poor, with a mean survival time for cats with CHF <8-12 months; however, most are able to maintain a good quality of life on medications if able to be stabilized. There will always remain risk for progression to CHF, development of blood clots, arrhythmias, and/or sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

PLAN

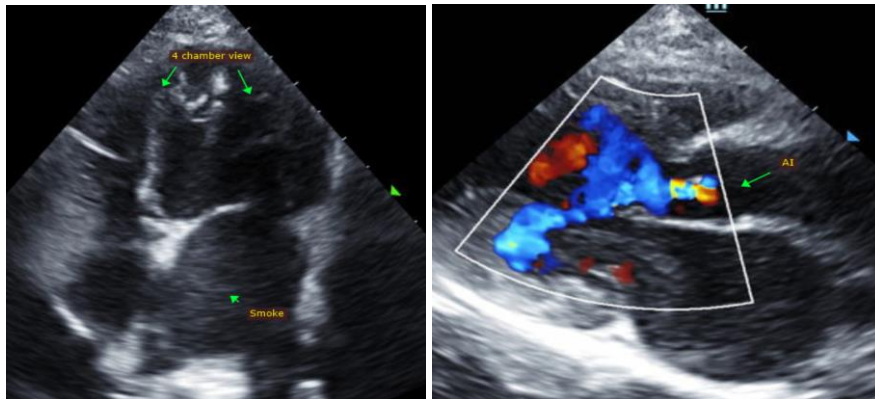
Institute furosemide 1mg/kg PO q12h. Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Institute Pimobendan (off label use) 1.25mg PO q12h. **An immediate ECG is recommended to determine if alternative therapy is warranted or if Atenolol should likely be discontinued.**

Once eating well at home and BP >130mmHg, consider addition of vasodilator ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h.

Recheck renal values in 10-14 days to ensure tolerance of medications, then every 3-4 months lifelong.

A recheck echocardiogram is recommended in 4-6 months to assess for 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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