



PATIENT

Simba Becht

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

10 years

WEIGHT

10.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Basking Ridge Animal
Hospital

REFERRING VET

Dr. Rotella

INVOICE

25862

DATE

8/19/22

PRESENTING CLINICAL SIGNS

History: Increased respiratory effort. Unable to auscult heart over lung sounds.

-CXR: Severe cardiomegaly.

-Current medications: Lasix 12.5mg BID.

Abnormal PE/Chem/CBC/UA Results: WNL.

-Sedation: Fractious cat, Gabapentin and Torb on board.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
Marked cardiomegaly with evidence of CHF/pulmonary edema.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension albeit highly irregular. No significant hypertrophy is noted. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled. Systolic function is borderline. The left atrium is markedly dilated and bulbous in appearance. Significant smoke. **A thrombus is visualized within the left auricle** (see below). Mild central mitral regurgitation. No obvious tricuspid regurgitation. The right atrium appears normal. The right ventricle appears normal. Low normal outflow velocities. Small volume pericardial effusion. No pleural effusion.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LWVd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.6	211	0.54	2.0	0.46	50	92
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	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	28	28	0.7	0.62	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

The finding of marked left atrial dilation in the face of normal LV wall thickness is most consistent with Unclassified Cardiomyopathy (UCM); however, some prior infectious or inflammatory insult to the myocardium or end-stage HCM cannot be definitively ruled out. There is normal wall thickness, ruling out typical hypertrophic disease. Small volume pericardial effusion is noted, which is certainly consistent with congestive heart failure. Finally, a thrombus is visualized in the left auricle which is highly concerning for a thromboembolic event at any time.



PATIENT

Simba Becht

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

10 years

WEIGHT

10.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Basking Ridge Animal
Hospital

REFERRING VET

Dr. Rotella

INVOICE

25862

DATE

8/19/22

Regardless of categorical classification, the patient is in fulminant congestive heart failure with concurrent formation of a thrombus. Depending on patient's stability, hospitalization for oxygen and diuretic therapy should be considered. Lifelong cardiac support and anti-coagulation is recommended as below, including off-label use of Pimobendan. It is important to express that even on Plavix, there is high risk for a thromboembolic event. This may result in acute paralysis, neurologic signs, and/or sudden death. If this occurs, recommend euthanasia.

Assuming the patient is able to be stabilized, there will always remain risk for recurrent CHF, development of additional blood clots, and/or malignant arrhythmias/sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent/impendent CHF at home.

Elective anesthesia, fluid therapy and/or steroids should be avoided lifelong.

PLAN

Consider hospitalization if indicated. In hospital: Supportive care through oxygen support, monitoring renal values, IV Lasix therapy (bolus or CRI) and oral medications. If signs of thromboembolic disease develop, such as paralysis or neurologic changes, and/or the patient is unable to be stabilized, humane euthanasia should be elected.

Oral medications: Institute Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety). Administer Lasix to 1-2mg/kg PO q12h. Institute Pimobendan at 1.25mg PO q12h.

Recheck renal values and BP in 10-14 days, then every 3-4 months lifelong. Once deemed normotensive and doing well at home, consider addition of an ACEI 0.5mg/kg PO q12h. Monitor at home for any progressive labored breathing and/or signs of clot recurrence (limb paralysis, neurologic changes, etc.).

Recheck echocardiogram in 6 months once stable on oral medications to reassess for progression.

IMAGES





PATIENT

Simba Becht

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.

SPECIES

Feline

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.

BREED

DSH

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

SEX

Male Neutered

AGE

10 years

WEIGHT

10.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

Basking Ridge Animal
Hospital

REFERRING VET

Dr. Rotella

INVOICE

25862

DATE

8/19/22