


PATIENT

Carmina Forrest

SPECIES

Feline

BREED

Siamese

SEX

Female Spayed

AGE

10 years

WEIGHT

8.3lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING
PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

 New Hamburg Vet
 Clinic

REFERRING VET

Not provided

INVOICE

20637

DATE

8/19/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. Symptoms progressing. Has started with some neuro changes and falling over. New arrhythmia noted on exam today.

-Current medications: Pimobendan 1.25mg q24 hours, Clopidogrel 18.75mg q24 hours, Furosemide 20mg - 1/4 tablet TID.

-Abnormal lab results: Elevated SDMA, mild elevation in Urea and Creatinine, Slight elevation of Amylase and normal electrolytes, elevated lymphocytes.

-Pertinent previous echo findings (11/2020 MML): End-stage UCM, marked biatrial enlargement with smoke. LA: 2.2, LV: 2.0, FS: 43%. Irregular rhythm noted at that time.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 50mm/s, 20mm/mV. P waves are difficult to identify, which may be a true finding or may be due to device insensitivity. Atrial fibrillation is suspected however, with a heart rate ranging from 150-250bpm. Isolated VPCs throughout. ECG diagnosis: Suspect atrial fibrillation with isolated VPCs. Alternatives cannot be ruled out without a more sensitive tracing.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with extensive remodeling of the endocardium. There is a diffusely hyperechoic endocardium consistent with fibrosis. The LV chamber is increased in dimension with mild systolic dysfunction. Massive LA dilation with a horizontal component. Marked amount of spontaneous contrast within the LA. Mild MR and TR due to atrial stretch. The RA is severely dilated. Mild smoke in the RA. The right ventricle is mildly dilated and remodeled with regions of hyperechoic remodeling. No pericardial effusion. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (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	3.75	NM	0.38	1.9	0.39	37	70
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE <small>(Swe) (Abbott)</small>	LA 2D short axis Base view <small>(cm) (Abbott)</small>		LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	2.4	3.5	2.6		0.62	0.63	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

Persistent severe structural disease is identified with marked biatrial enlargement and spontaneous contrast. Compared to the prior study, this is similar although the degree of disease is considered end-stage. The arrhythmia is most likely atrial fibrillation which VPCs; however, it is difficult to be definitive on a single lead tracing. The finding is noted to be new; however, it was noted on the previous echo as well, making atrial fibrillation most likely.

This patient is already on full cardiac support and is considered end-stage. Development of neurologic signs and collapse episodes would suggest clot formation as the most likely cause. There is also concurrent renal/systemic disease which must be considered. Humane euthanasia is strongly recommended in this case if QOL is suffering. If declined, there is little medical management options that can be done to stabilize the situation.

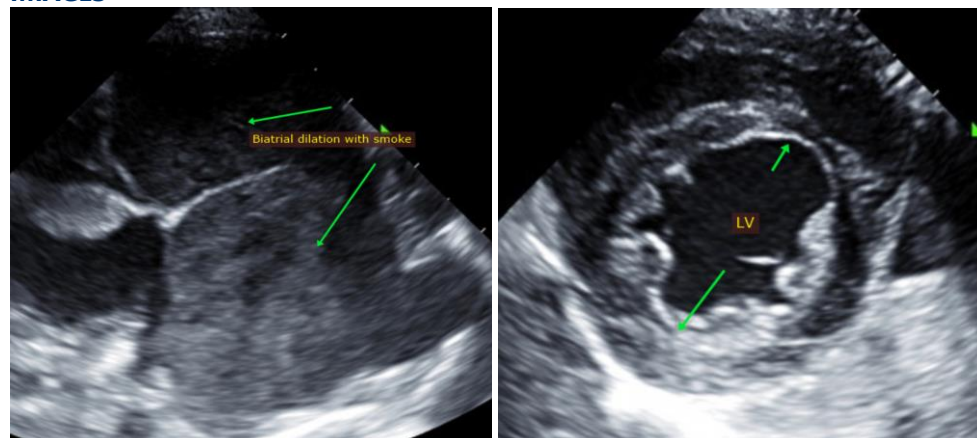
Prognosis is grave at this stage of disease. If the client elects to go forward, referral is strongly recommended. As an alternative, baseline chest radiographs, a six-lead ECG and alternations to medical management can be attempted for the short-term as below.

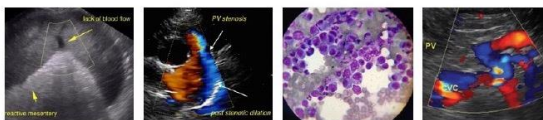
Patient is at extremely high risk for sudden death, which should be expressed to the owner.

PLAN

Six-lead ECG recommended. No obvious indication for antiarrhythmic based upon what is seen here. Baseline chest radiographs to determine if recurrent CHF is present. Pimobendan should be utilized twice daily at 1.25mg PO q12h. Continue Lasix and Plavix as prescribed pending chest radiograph evaluation. A neurologic consultation may be useful pending further clinical changes. Consider referral as discussed. Humane euthanasia is strongly recommended in this case.

IMAGES





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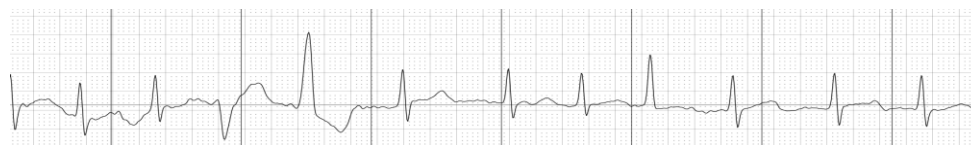
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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