



PATIENT

Otis Marshall

SPECIES

Feline

BREED

Sphynx

SEX

Male Neutered

AGE

5 years

WEIGHT

7.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Crstal Hill, RVT

HOSPITAL NAME

Chipawa Animal
Hospital

REFERRING VET

Dr. Dowell

INVOICE

20728

DATE

8/24/21

PRESENTING CLINICAL SIGNS

History: Rapid breathing, purring, no abnormal lung sounds. Owner reported struggling to breathe overnight. Was leaning against sofa. Had been visiting parents for the weekend. Had an episode of stumbling. No fluid visible on radiographs but pulmonary interstitial pattern obscures left side of heart. Unable to see entire cardiac silhouette. Was given a single dose of diuretic. Next rad after injection showed VHS 10.15.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline hypertrophied with extensive remodeling of the endocardium. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is papillary muscle remodeling with asymmetry. Systolic dysfunction is significant decreased. The left atrium is markedly dilated. Significant intraatrial smoke. Severe left auricular dilation. The right atrium is also moderately dilated. The right ventricle appears affected as well. The mitral valve is thickened, with normal mobility. No evidence of systolic anterior motion. There is mild central mitral regurgitation present. There is no aortic insufficiency. Blood flow through both the LVOT and RVOT are normal in velocity. There is trace tricuspid regurgitation present, however the tricuspid valve appears normal in form and function. Scant pericardial effusion is visualized. No obvious pleural effusion.

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	3.5	NM	0.6	1.4	0.56	24	40
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	>3.0	2.5	2.2		0.7	1.0	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

The finding of biatrial enlargement in the face of borderline LV wall thickness is most consistent with burn-out or end-stage Hypertrophic Cardiomyopathy (HCM), although Restrictive/Unclassified Cardiomyopathy (RCM/UCM) can also have this appearance. Significant systolic dysfunction is identified which is further exacerbating the issue. MR



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and TR are secondary to annular stretch. Finally, spontaneous contrast is noted (smoke) which is concerning for a blood clot event in the future.

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Regardless of classification, the finding of significant left atrial dilation confirms the origin of the effusion/dyspnea is secondary to spontaneous congestive heart failure, and lifelong medications are warranted as below. Pimobendan (off-label use) due to systolic function and Plavix to decrease risk of thrombotic events in the future. Given the cat's unstable presentation highly recommend hospitalization for 24-hour supportive care to stabilize the situation.

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The mean survival time for cats with CHF is 6-12 months, however most are able to maintain a good quality of life on medications (if pillled successfully). Patient will always remain at high risk for recurrent episodes of CHF and development of blood clots in the future. Once stabilized, monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

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PLAN

Consider baseline ECG and BP. Consider hospitalization for supportive care, oxygen, and injectable Lasix. Oral medications are as follows: Institute anti-coagulant Plavix/Clopidogrel 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety). Institute Pimobendan 1.25mg PO q12h. Once stabilized, oral Lasix 1-2mg/kg PO q12h.

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Recommend recheck renal values and systemic blood pressure in 10-14 days to ensure systemic pressures are stable and drugs well tolerated, then every 3-4 months life-long.

A recheck echocardiogram is recommended in 6 months to assess progression.

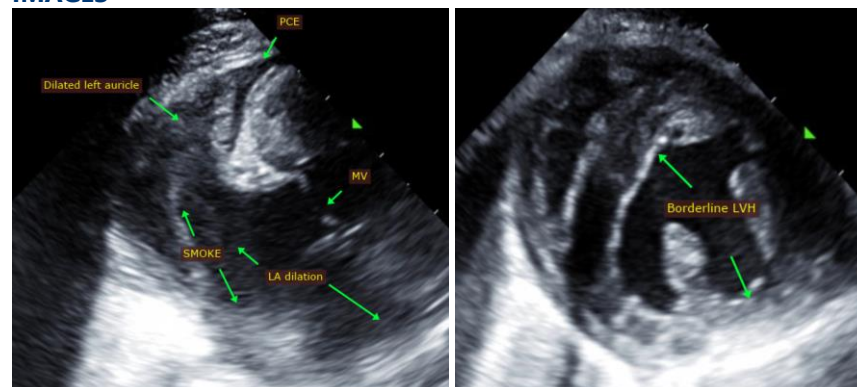
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IMAGES

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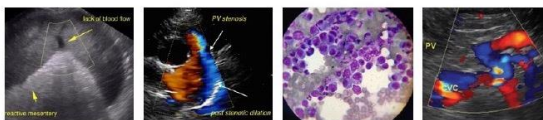
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

SEX

Male Neutered

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

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