



PATIENT

Ophelia Guze

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

6 years

WEIGHT

NP

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Wyman-
Greenwald

INVOICE

26328

DATE

9/13/22

PRESENTING CLINICAL SIGNS

History: Grade I-II/VI systolic heart murmur. Trouble breathing. Crackles on auscultation.
-Current medications: Lasix 10mg ~1hr prior to scan, O2.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
Cardiomegaly with evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal with regions of remodeling and irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The systolic function is mildly decreased with evidence of diastolic dysfunction as well. The papillary muscles are mildly remodeled. The left atrium is severely dilated. Subtle spontaneous contrast; no obvious thrombus. Mild central MR due to annular stretch. The right ventricle is also affected, with diffuse fibrosis and remodeling. No RA dilation. Mild TR; velocity consistent with early pulmonary hypertension. Blood flow through the RVOT and LVOT is low normal velocity. No pericardial or pleural effusion. No obvious cardiac tumors.

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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	NP	178	0.51	1.8	0.51	44	80
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	2.2	2.4	2.0		0.8	0.73	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 severe left atrial enlargement in the face of normal LV wall thickness and early dysfunction is most consistent with Restrictive Cardiomyopathy (RCM), however some historical infectious or inflammatory insult to the myocardium cannot be definitively ruled out. Severe LA dilation is causing insufficiency of the mitral valve, and systolic dysfunction has developed. Additionally, mild TR is noted with early pulmonary hypertension, likely secondary to congestion. No additional issues are identified.

The finding of this degree of left atrial dilation confirms the origin of the tachypnea is spontaneous congestive heart failure, and lifelong medications are warranted as below. 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.). **Consider hospitalization for continued stabilization, oxygen and Lasix therapy.** The prognosis is **poor to**



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grave, 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 recurrent episodes of 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.

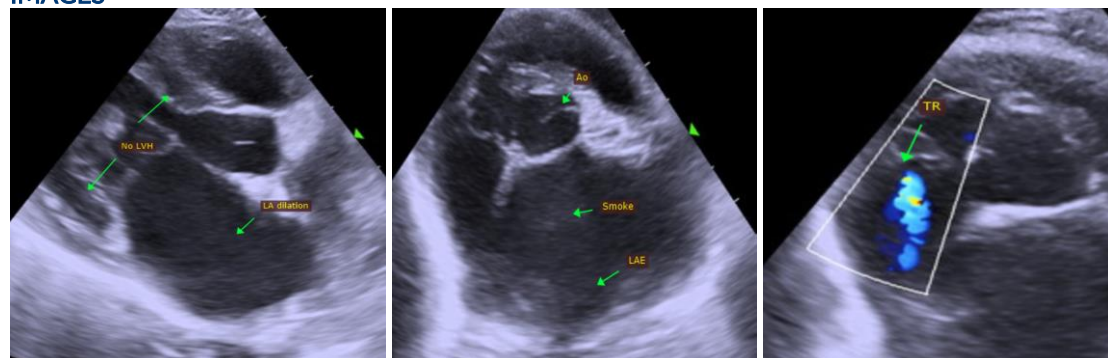
PLAN

Recommend hospitalization, oxygen, IV diuretic in hospital until stabilized due to effusion. Oral medications: furosemide 1-2mg/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) 0.625mg PO q12h.

Once stabilized, 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.

Maggie Machen Lamy, DVM
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