



PATIENT

Indiana Peterson

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

12 years

WEIGHT

10.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Bergen County Vet
Center

REFERRING VET

Dr. Halloran

INVOICE

21058

DATE

9/16/21

PRESENTING CLINICAL SIGNS

History: Grade 1/6 heart murmur, arrhythmia detected on exam. No current medications, but patient did have Gabapentin prior to ultrasound.

-Abnormal PE/Chem/CBC/UA Results: ProBNP 900, T4 4.2. Alt and renal values WNL.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled. Systolic function is adequate depending on heart rate. The left atrium is moderate to severely dilated and bulbous in appearance. No obvious smoke. No mitral or tricuspid regurgitation. The right atrium is moderate dilated with no obvious smoke. The right ventricle is mildly dilated. Blood flow through both the RVOT and LVOT is normal in velocity. No pericardial or pleural effusion. Intermittent rapid tachycardia 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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.8	230	0.50	1.27	0.53	46	90
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	1.7		1.0	0.7	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 dilation in the face of normal LV wall thickness and adequate systolic function is most consistent with Unclassified Cardiomyopathy (UCM); however, end-stage HCM or some infectious or inflammatory insult to the myocardium cannot be definitively ruled out. There is normal wall thickness, ruling out typical hypertrophic disease. The right heart is mildly affected which may be due to the arrhythmia. No additional issues are identified.

The most concerning finding in this case is intermittent periods of **heart rate estimated to be >300bpm**. This may reflect SVT, VT or atrial fibrillation. The importance of a screening ECG cannot be stressed enough. **This patient is no question in need of rate control therapy; however, a diagnosis must be made prior to selecting the appropriate medication.** The patient is extremely unstable with heart rates this high and is at high risk for CHF, blood clot and/or sudden death in the near future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.



PATIENT

Elective anesthesia is contraindicated.

Indiana Peterson

PLAN

ECG strongly recommended to determine what antiarrhythmic therapy is indicated. If this cannot be done at your facility, immediate referral is advised.

SPECIES

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Institute the following 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.

BREED

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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.).

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

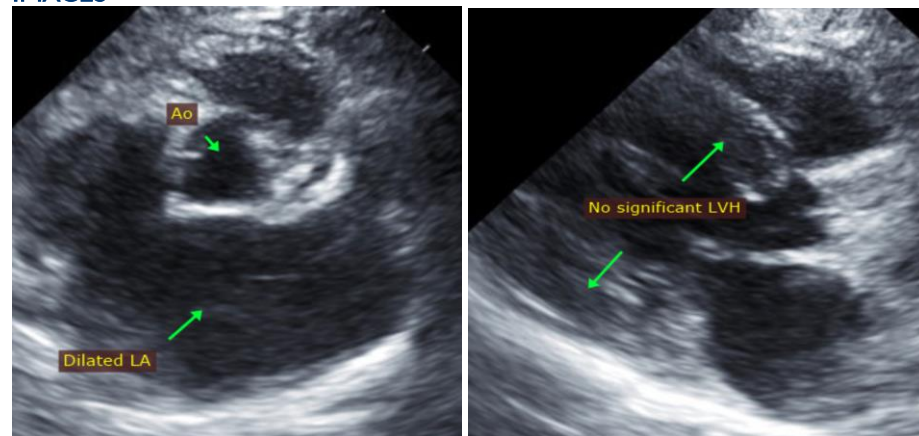
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IMAGES

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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.

HOSPITAL NAME

Bergen County Vet
Center

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.

REFERRING VET

Dr. Halloran

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