

PATIENT PRESENTING CLINICAL SIGNS

Kitty Edwards

History: Difficulty breathing; decreased appetite. Grade II/VI murmur; gallop rhythm.

SPECIES ECHOCARDIOGRAM FINDINGS

Feline

2D, m-mode, color flow and Doppler imaging is available.

DLH

Left ventricle: The LV dilation with markedly decreased systolic function. Decreased LV wall thickness.

SEX

Left atrium: Marked left atrial and auricular dilation with no significant spontaneous contrast seen within the lumen. No obvious organized thrombus in the body or auricular appendage.

FS

Mitral valve: The mitral valve is normal in form and function, with no obvious prolapse. Trace/mild central mitral regurgitation.

AGE

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Decreased aortic outflow velocity, consistent with systolic failure. No aortic insufficiency.

WEIGHT

Right ventricle: Normal right ventricular diameter and morphology.

INTERPRETED BY

Right atrium: Moderate right atrial enlargement with no obvious spontaneous contrast.

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

Tricuspid valve: The tricuspid valve appears normal with mild tricuspid regurgitation.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Decreased RVOT velocity consistent with systolic failure.

Pericardium/other: No significant pericardial effusion. Large volume pleural effusion. Large volume ascites. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 200bpm.

2-Dimensional Measurements

Doppler Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.72
LA:Ao (Swe)	1.83
IVS thickness (cm)	0.39
LVID diastole (cm)	2.0
PW thickness (cm)	0.38
LVID systole (cm)	1.76
FS (%)	12

PV Vmax (m/s)	0.3
AoV Vmax (m/s)	0.58
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

INTERPRETATION OF THE FINDINGS

HOSPITAL NAME

Unfortunately, this patient has end-stage cardiomyopathy and systolic dysfunction. This is causing significant dilation and overload of all four chambers resulting in insufficiency of the AV valves. Both atria are severely dilated, which raises the risk for a blood clot event in the future. The degree of biatrial dilation and pump failure is resulting in congestive heart failure (based upon tachypnea and large volume pleural/peritoneal effusion).

Norfolk County VS

REFERRING VET

Dr. Poor

Systolic failure can be primary in nature (DCM) however this is relatively uncommon in cats. An advanced form of restrictive cardiomyopathy (RCM) with development of systolic dysfunction is also possible. Finally systolic failure can develop secondary to taurine deficiency, myocarditis, or infiltrative disease such as lymphoma. Taurine deficiency is highly uncommon in cats on commercially prepared cat foods; however, diet should be addressed and can consider taurine supplementation in case of an absorption issue. Further systemic evaluation for underlying infiltrative contribution such as neoplasia or myocarditis may be reasonable (abdominal ultrasound, fluid cytology, etc.), with an

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PATIENT

extensive history looking for potential prior viral or systemic infections. Regardless of cause/categorical classification, the degree of disease is marked.

Kitty Edwards

SPECIES

Immediate initiation of full cardiac supportive medications for CHF is recommended as below. Emergency thoracocentesis with hospitalization for supportive care should also be considered pending patient stability.

Feline

BREED

Even if we are able to stabilize the patient through this crisis, given the totality of the findings, prognosis is poor to grave at this stage in the disease process, with an average survival time of <6 months. High risk for recurrent CHF, development of blood clot events and/or malignant arrhythmias/sudden death at home should be discussed. Most cats are able to maintain a good QOL for some time however on oral medications.

DLH

SEX

FS

RECOMMENDATIONS

- Immediate thoracocentesis is recommended with overnight hospitalization for supportive care if indicated. Injectable Lasix should be administered ASAP (1-3mg/kg depending on clinical stability).
- Institute oral diuretic: administer furosemide 1-2mg/kg PO q12h.
- Initiate Pimobendan 1.25mg PO q12h.
- Initiate Clopidogrel (Plavix) 75mg tabs, ¼ tab PO q24h (NOTE: This medication is bitter on the cut edge; coat in entirety).
- Consider supplement taurine 500mg daily if able to be easily medicated.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.
- Elective anesthesia is not advised.

AGE

12years

WEIGHT

11.5lbs

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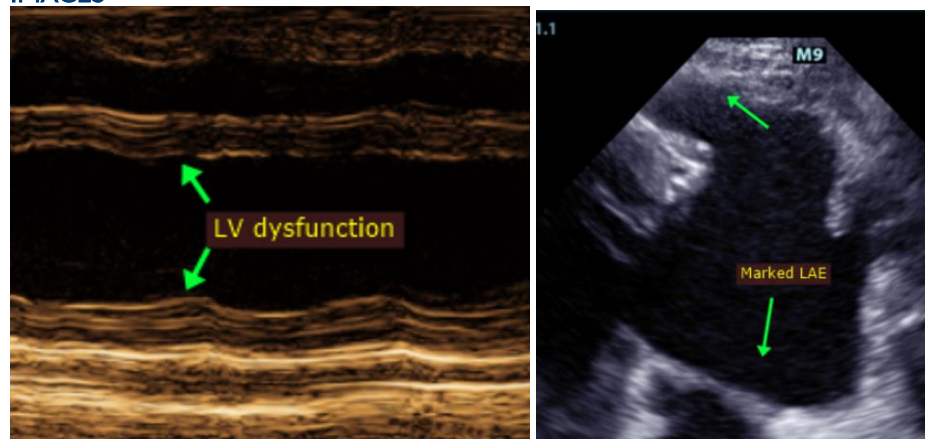
PLAN

- Recheck renal panel and blood pressure in 1-2 weeks, then every 3-4 mo lifelong.
- Recheck echocardiogram/ECG in 6 months to assess for progressive issues.

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IMAGES



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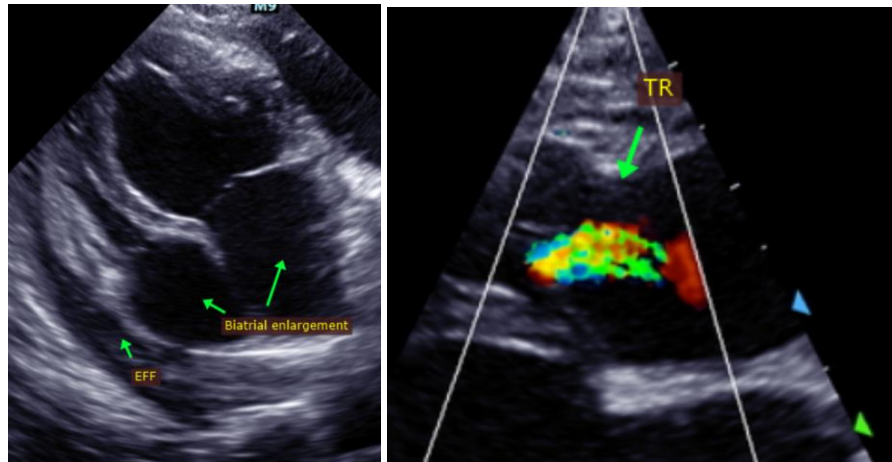
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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