



**PATIENT**

Jaguar Kissinger

**PRESENTING CLINICAL SIGNS**

History: Treated two weeks ago for aural hematoma. Owner noticed the ear was swollen again and also noted labored breathing. Radiographs reveal pulmonary edema. BP: 130mmHg.

**SPECIES**

Feline

**ECHOCARDIOGRAM FINDINGS**

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

**BREED**

DSH

**Left ventricle:** The LV is normal in dimension with borderline myocardial dysfunction. The LV wall thicknesses are borderline normal with regions of asymmetry. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are remodeled and hyperechoic. False tendons.

**SEX**

Female Spayed

**Left atrium:** The left atrium and auricle are severely dilated. No obvious thrombi.

**Mitral valve:** The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. Mild to moderate central MR.

**AGE**

12 years

**Aortic valve/Aorta:** The aortic valve is normal. Mildly decreased aortic outflow velocities. No aortic insufficiency.

**Right ventricle:** Normal right ventricle.

**Right atrium:** The right atrium is mildly dilated.

**Tricuspid valve:** The tricuspid valve appears normal. Trace TR.

**WEIGHT**

12lbs

**Pulmonary valve/Pulmonary artery:** The pulmonic valve is normal. Decreased pulmonic outflow velocities. No pulmonic insufficiency.

**Pericardium/other:** Scant pericardial effusion noted. Large pockets of pleural effusion. No obvious cardiac masses.

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 210bpm.

**INTERPRETED BY**

Maggie Machen  
 Lamy, DVM  
 DACVIM (Cardiology)

**2-Dimensional Measurements**

Ao diam (cm)	0.8
LA diam (cm)	1.75
LA:Ao (Swe)	2.3
IVS thickness (cm)	0.51
LVID diastole (cm)	1.48
PW thickness (cm)	0.60
LVID systole (cm)	0.89
FS (%)	40

**Doppler Measurements**

PV Vmax (m/s)	0.57
AoV Vmax (m/s)	0.87
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**IMAGING PERFORMED BY**

Pamela Harrigan,  
 RDCS

**INTERPRETATION OF THE FINDINGS**

The finding of severe left atrial dilation without significant LV hypertrophy is most consistent with Unclassified Cardiomyopathy; however, end-stage HCM or some prior infectious or inflammatory insult to the myocardium cannot be ruled out. Regardless, the degree of disease is severe at this time, with severe atrial dilation and active congestive heart failure (CHF) as evidenced by pericardial and pleural effusion.

**HOSPITAL NAME**

Wood River Animal  
 Hospital

**REFERRING VET**

Dr. Boy

If not already performed, an immediate thoracentesis should be considered to further stabilize the patient. Pending clinical response, consider hospitalization for 24-hour supportive care to ensure stability prior to discharge. Lifelong cardiac support and anti-coagulation is recommended as below, including off-label use of Pimobendan.

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21095

**DATE**

9/20/21

If able to be stabilized, there will always remain risk for recurrent CHF, development of additional blood clots, and/or malignant arrhythmias/sudden death in the future. Most cats are able to maintain a good QOL following diagnosis of CHF for an average of 8-12 months on medications.



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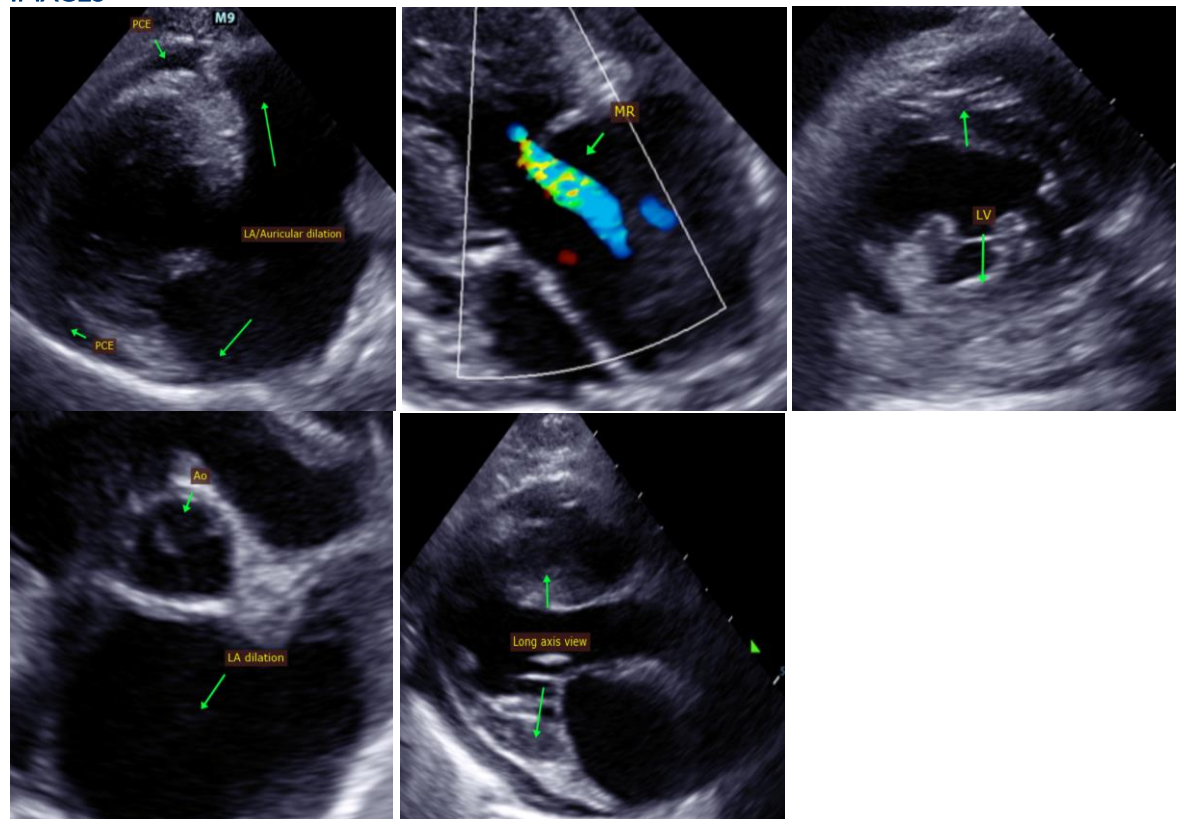
**RECOMMENDATIONS**

- Pending clinical stability consider thoracentesis, hospitalization for supportive care, etc.
- Administer injectable Lasix/oxygen therapy as needed until stabilized.
- Institute Lasix 1-2mg/kg PO q8h for 3 days, then decrease to q12h if doing well.
- Institute Pimobendan 0.625mg PO q12h (off label use).
- Institute Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety).
- Do not use an ACE-I at this time.
- Elective anesthesia is not advised.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).
- Monitor sleeping breathing rate and effort at home as the best way to screen for recurrent congestion.

**PLAN**

- Recheck renal values and BP in 10-14 days, then every 3-4 months lifelong. If doing well and BP is >130mmHg, institute ACEI 0.5mg/kg PO q12h.
- Recommend recheck echocardiogram in 6 months to screen for progression, sooner if clinical signs arise.

**IMAGES**





**PATIENT**  
Jaguar Kissinger

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.

**SPECIES**  
Feline

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.

**BREED**  
DSH

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