



**PATIENT**

Tigger Korsnick

**SPECIES**

Feline

**BREED**

Maine Coon

**SEX**

MN

**AGE**

8y

**WEIGHT**

29.2lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM, DACVIM  
(Cardiology)

**HOSPITAL NAME**

Ga,brills Veterinary  
Center

**REFERRING VET**

Dr.Orenstein

**INVOICE**

21097

**DATE**

9/20/21

**PRESENTING CLINICAL SIGNS**

History: Abnormal respiratory pattern for the past few days.  
-Pertinent abnormal PE/Chem/CBC/UA Results: Mild elevation in BUN (33).  
-Sedation used: Torbugesic IM.  
-STAT: Not requested.

**RADIOGRAPHIC FINDINGS \*NOTE: Images submitted for supplemental information only.**

Severe cardiomegaly with concern for CHF.

**ELECTROCARDIOGRAPHIC FINDINGS**

A six lead ECG is available at both 25 and 50mm/s; 5mm/mV. Dramatic baseline and motion artifact throughout. The average heart rate is 220bpm. A sinus origin is suspected in regions where P waves can be identified with a consistent PR interval. Normal PR. The QRS morphology is inverted. MEA is shifted right. Frequent premature beats throughout that are similar to the sinus beats, most consistent with atrial premature contractions. Occasional couplets are identified. No triplets or runs of SVT are readily appreciated. No obvious ventricular beats, pauses or other dysrhythmias observed.

ECG diagnosis: Sinus tachycardia with frequent APCs; singles and couplets.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension with regions of irregularity. The LV is dilated. There is a diffusely hyperechoic endocardium consistent with fibrosis. False tendon. The papillary muscles are mildly hypertrophied and remodeled. Systolic function is adequate. The left atrium is severely dilated and bulbous in appearance. No obvious smoke in the LA. Moderate mitral regurgitation. Normal MR velocity. Mild tricuspid regurgitation. Normal TR velocity. The right atrium is mild to moderately dilated. The right ventricle is mildly dilated. Blood flow through both the LVOT and RVOT are decreased in velocity. Scant pericardial effusion. No obvious pleural effusion. No cardiac tumors identified.

**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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	13.2	213	0.57	2.1	0.61	53	85
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	2.5	2.5		1.1	0.92	NM

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 severe biatrial enlargement in the face of borderline LV wall thickness is most consistent with Unclassified Cardiomyopathy (UCM), however end-stage HCM or some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. The right heart also appears mildly affected and both mitral and tricuspid regurgitation are identified. These are suspected to be secondary to annual stretch; however, some valvular component cannot be ruled out. No additional issues are identified.

This patient has progressed to congestive heart failure (CHF) as evidenced by pericardial effusion and chest radiograph findings. APCs are noted on the ECG which are not surprising given a patient in crisis with this degree of atrial dilation. No obvious indication for rate control therapy at this time; however, follow up is advised once the patient is stabilized.

Immediate lifelong cardiac support is recommended as below. Consider hospitalization if the patient appears unstable for oxygen support and injectable Lasix therapy.

Patient will always be at risk for recurrent CHF, development of additional blood clots, and/or malignant arrhythmias/sudden death in the future. Prognosis is poor long-term with a mean survival time of <1 year when CHF is confirmed. Most patients are able to maintain good quality of life assuming medications are tolerated. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent/impending CHF at home.

## PLAN

Consider hospitalization if needed as discussed. Institute Plavix 18.75mg PO SID (NOTE: this medication is very bitter and may causing foaming at the mouth- coat in entirety). Administer Lasix 1-2mg/kg PO q12h. Institute Pimobendan 1.25mg PO q12h.

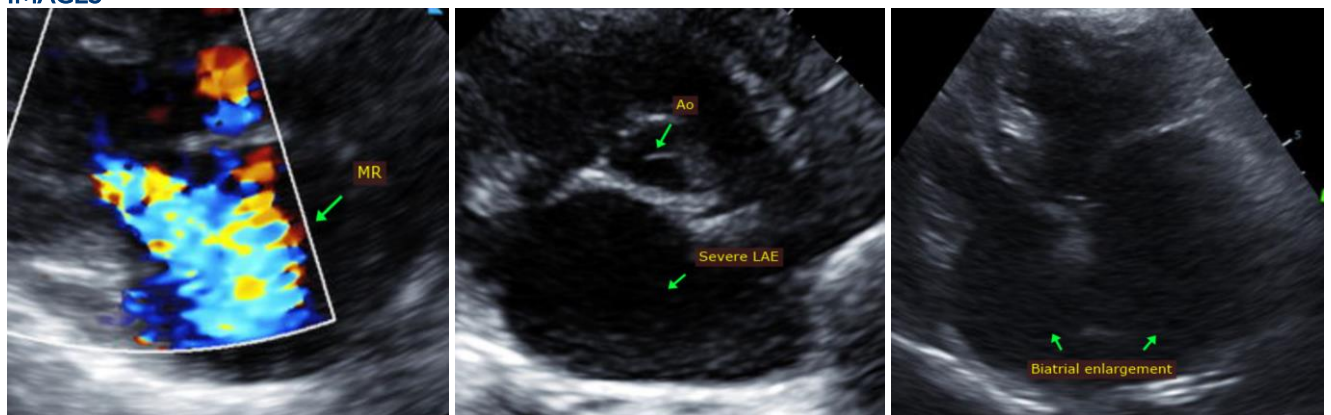
Recheck renal values, ECG and BP in 10-14 days, then every 3-4 months lifelong. Once patient is deemed normotensive (>130mmHg) and is eating well at home, consider addition of an ACEI 0.5mg/kg PO q12h.

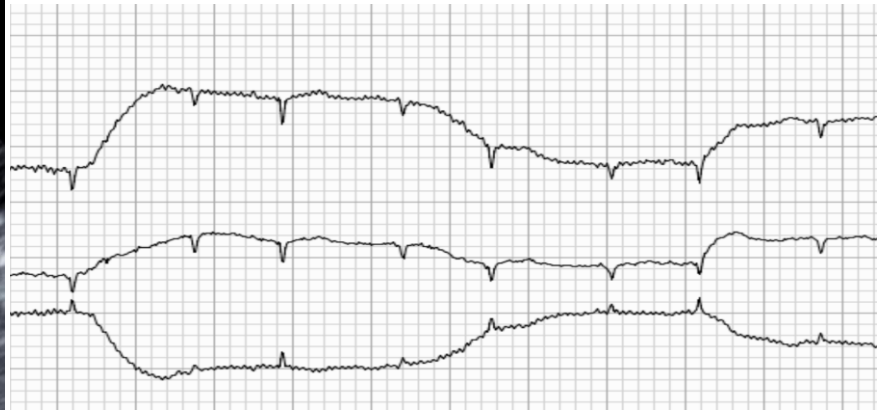
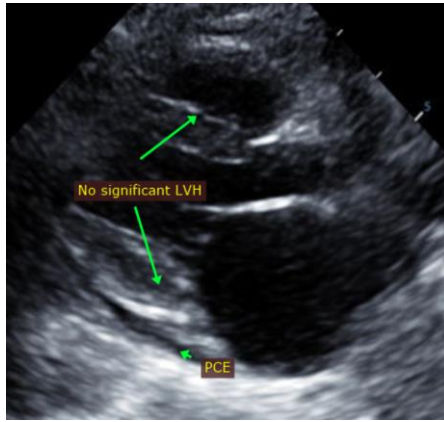
\*NOTE: Many cats are difficult to medicate, and multiple medications can be overwhelming. If there is difficulty at home, Lasix and Plavix are considered most important. Consider compounding if needed.

Monitor at home for any progressive labored breathing and/or signs of clot recurrence (limb paralysis, neurologic changes, etc.).

Recheck echocardiogram and ECG in 6 months to assess for progression, sooner if clinical signs arise in the interim.

## 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  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)**