



PATIENT

Sienna Drymalski

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

15 years

WEIGHT

5.13lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Potomac Mobile
Veterinary Ultrasound

PRESENTING CLINICAL SIGNS

History: No murmur. Gallop rhythm at times. Premature beats- periods where every 3rd beat, then not for 20-30 seconds.

-Abnormal PE/Chem/CBC/UA Results: ProBNP: 831.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is decreased with diffuse remodeling and irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. Moderator bands. The systolic function is severely depressed with evidence of diastolic dysfunction as well. The papillary muscles are mildly remodeled. The left atrium is normal. No obvious spontaneous contrast; no obvious thrombus. No MR. The right ventricle is more significantly affected, with diffuse fibrosis and remodeling. Severe RA dilation. Severe central TR; normal velocity. Blood flow through the RVOT and LVOT is low normal velocity. Trace pericardial effusion. Moderate volume pleural effusion. No obvious cardiac tumors. Irregular rate and rhythm throughout the study.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LWVd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	2.3	NM	0.48	1.27	0.45	18	30
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		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	1.5	1.3	1.1		0.5	0.5	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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>							

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Dr. Jarrett

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of severe right atrial enlargement in the face of normal/decreased wall thickness and significant biventricular systolic dysfunction is most consistent with Restrictive Cardiomyopathy (RCM); however, an atypical form of DCM or some historical infectious or inflammatory insult to the myocardium cannot be ruled out. The right atrial dilation is causing severe TR. Although the LV exhibits significant dysfunction as well, the left atrium is normal indicating this is clinically less significant at this time. The arrhythmia is apparent throughout the study; and an ECG should be performed ASAP.

The finding of this degree of right atrial dilation confirms the origin of the tachypnea and effusion is spontaneous right-sided congestive heart failure, 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.** A thoracocentesis should also be considered



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due to effusion and instability. Once stable, lifelong medications are warranted as below. The prognosis is **poor to 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.

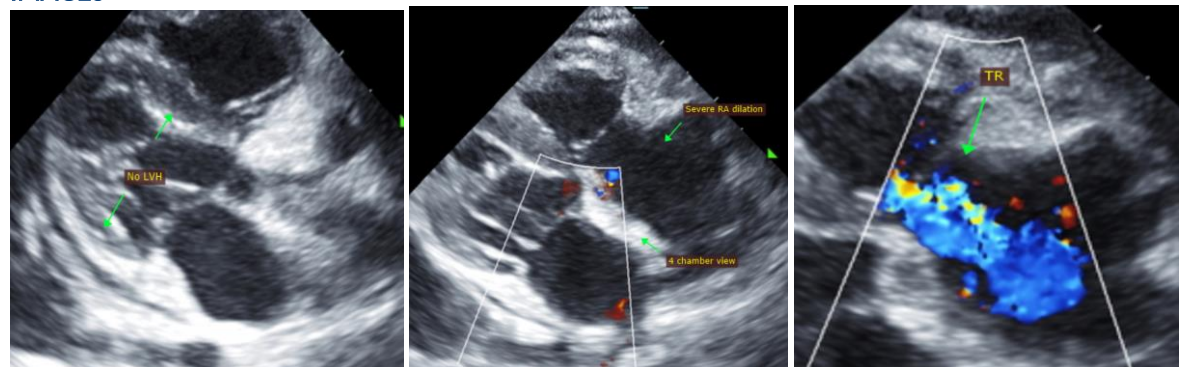
PLAN

ECG recommended ASAP. Consider thoracocentesis, 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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com



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