



PATIENT

Grayson Wyatt

PRESENTING CLINICAL SIGNS

History: Recheck echo. Pro-BNP persistently elevated.
 -Pertinent abnormal PE/Chem/CBC/UA Results: Elevated Pro-BNP: 961, remainder NSF.
 -Current medications: Felimazole 2.5 mg.
 -Sedation used: Not needed.
 -Pertinent previous ultrasound results (11-22-2016 MML): Borderline LVH, borderline LAE.
 -STAT: Not requested.

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with mild free wall thickening and a normal to slightly thin septum. Adequate systolic function. No significant LV dilation. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are hyperechoic. The mitral valve is normal with trace MR. The left atrium is mild to moderately dilated and bulbous in appearance. No obvious smoke. The right atrium is mildly dilated. Tricuspid valve is normal with no TR. The right ventricle appears normal. Blood flow through both the LVOT and RVOT is normal in velocity. No pericardial effusion seen. No pleural effusion. No obvious cardiac tumors.

CARDIAC CHART

AGE

12 years

WEIGHT

17.3lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Essex Middle Essex Veterinary Hospital

REFERRING VET

Dr. Beizayi

INVOICE

21232

DATE

9/27/21

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	7.8	220	0.4	1.6	0.57	40	74
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	1.6	1.6		1.2	0.75	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 biatrial enlargement in the face of normal to only mildly increased LV wall thickness is most consistent with Unclassified Cardiomyopathy (UCM). Compared to the prior study there is certainly evidence of progression with progressive LA enlargement. Mild to moderate left atrial dilation in addition to significant LV remodeling and fibrosis indicates diastolic dysfunction is present. No additional issues are identified.

Regardless of categorical classification, the finding of left atrial dilation confers risk for progression in the future and medications should be considered. It is important to note however, that no medications have been shown to change outcome at this phase of disease. Pimobendan can be considered if the patient is easily medicated. Additionally, Plavix may be reasonable given atrial dilation to help decrease the risk of a blood clot event in the future. If there is difficulty or reluctance to medicate at home, it is reasonable to simply monitor going forward.

Even with disease identified in this study it is unclear if this is related to the presenting clinical signs. Full systemic evaluation is advised as a non-cardiac origin is suspected. Additionally, a BP is recommended.

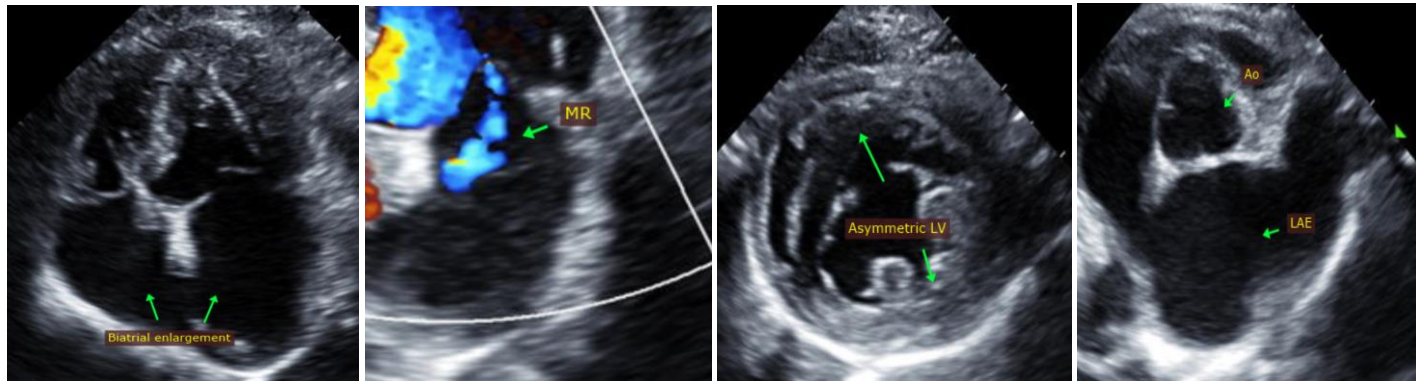
The long-term prognosis given the totality of the findings is guarded; however, there is a highly variable rate of progression in cats with subclinical disease. There will always remain risk for progression to CHF and development of blood clots and/or sudden death in the future. Monitoring is certainly advised, particularly should any respiratory signs, collapse or significant lethargy be noted in the future.

PLAN

Baseline BP. If elect to medicate, oral medications are as follows: Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges). Institute off label Pimobendan 1.25mg PO q12h.

A recheck echocardiogram is recommended in 6 months to assess 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)
Email: info@sonopath.com