



**PATIENT**

Doc Foster

**SPECIES**

Feline

**BREED**

Domestic Short Hair

**SEX**

MN

**AGE**

2011

**WEIGHT**

11.6lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM, DACVIM  
(Cardiology)

**HOSPITAL NAME**

Happy Tails  
Veterinary Hospital

**REFERRING VET**

Dr. Calpeno

**PRESENTING CLINICAL SIGNS**

History: Weight loss but increasing abdomen size- free fluid in abdomen, heart arrhythmia.  
-Pertinent abnormal PE/Chem/CBC/UA Results: Lab results pending will send results once received.  
-Sedation used: Gabapentin PO only.  
-STAT: Declined.

**ELECTROCARDIOGRAPHIC FINDINGS**

A six lead ECG is available at both 25 and 50mm/s; 5mm/mV. The average heart rate is 176bpm with a largely regular rhythm (range 166-214bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. No ectopic beats, pauses or other dysrhythmias observed.  
ECG diagnosis: Normal sinus tachycardia.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is remodeled with regions of irregularly. Borderline dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled. The LV systolic function is adequate. The left atrium is severely dilated and bulbous in appearance. No obvious spontaneous contrast (smoke). The right atrium is severely dilated. The mitral valve is mildly thickened with mild central MR due to annular stretch. Blood flow through both the LVOT and RVOT are low in velocity. Scant pericardial effusion seen. Scant pleural effusion. No obvious cardiac tumors.

**CARDIAC CHART**

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	5.3	180	0.54	1.59	0.61	42	77
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	1.9	2.1		0.7	0.64	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.

**INVOICE**

20953

**DATE**

9/9/21

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of severe biatrial enlargement in the face of borderline LV wall thickness is most consistent with Restrictive/Unclassified Cardiomyopathy (RCM/UCM); however, end-stage HCM can also have this appearance. There is also significant LV remodeling and fibrosis which indicates diastolic dysfunction.

Regardless of classification, the finding of significant biatrial dilation puts this patient at HIGH risk for spontaneous CHF and/or blood clot events. Given these findings, tricavitary effusion is likely cardiogenic in origin and immediate lifelong cardiac supportive medications are recommended as below. Further systemic evaluation is advised pending abdominal ultrasound results as additional contributing factors may be present.

No arrhythmias are seen on the ECG. If arrhythmic activity is ausculted in the future, consider reassess ECG and/or in-hospital monitoring.

The mean survival time for cats with CHF is 6-12 months, however most are able to maintain a good quality of life on medications (if pillled successfully). Patient will always remain at high risk for recurrent episodes of CHF and development of blood clots in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

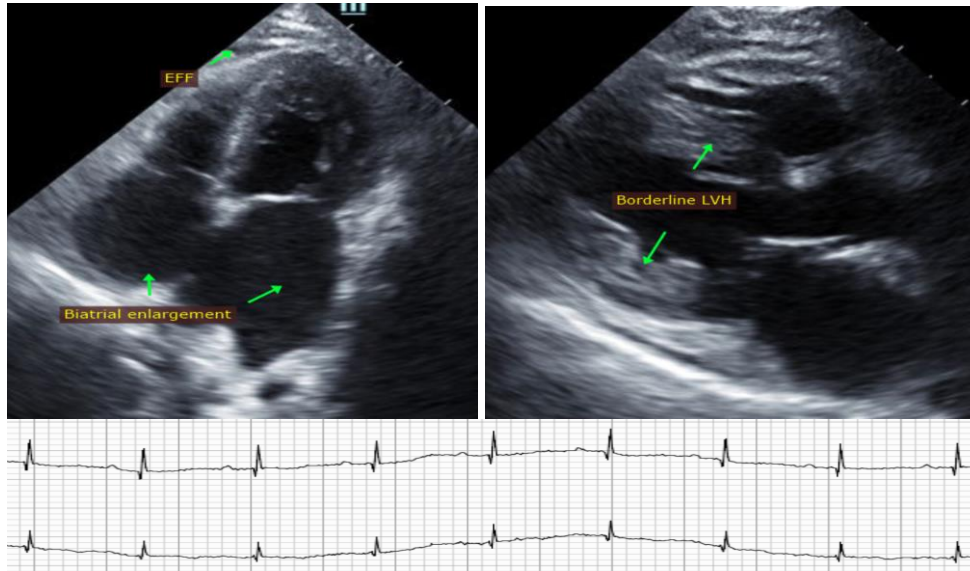
## PLAN

Consider hospitalization for Lasix and supportive care until stable. Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges; coat in entirety). Institute Pimobendan 1.25mg PO q12h. Institute furosemide/Lasix 1-2mg/kg PO q12h.

Recommend recheck renal values and systemic blood pressure in 10-14 days then every 3-4 months lifelong.

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)**  
**info@sonopath.com**