



PATIENT

Krystal Howes

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

13.2 Pounds

PRESENTING CLINICAL SIGNS

History: Coughing, mild-mild. Cardiomegaly on radiographs with mixed bronchointerstitial lung pattern - suspect cardiac pathology vs. asthma vs. other.
Abnormal PE/Chem/CBC/UA Results: Bloods as of 3/21/22 WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

| FELINE CARDIAC PARAMETERS | BODY WEIGHT (kg) | HR (BPM) | IVSd (cm) | LVIDd (cm) | LVWd (cm) | FS (%) | EF (%) |
|--|------------------|---------------------------|--|-----------------|-----------------|-----------|--------|
| NORMAL PARAMETER | ----- | 150-240 | 0.3-0.6 | 1.0-2.1 | 0.25-0.6 | 35-67 | 80-100 |
| PATIENT | -- | 152 | 0.61 | 1.64 | 0.63 | 47 | 81.9 |
| FELINE CARDIAC PARAMETERS | LA/AO (Boon) | LA/AO HEART BASE (Sisson) | LA 2D 4-chamber long axis AS to FW (Sisson) (cm) | LVOT VEL. (m/s) | RVOT VEL. (m/s) | IVRT (m/) | |
| NORMAL PARAMETER | <1.5 | 0.88-1.79 | 0.7-1.7 | <1.6 | <1.3 | 40-60 | |
| PATIENT | -- | 2.8 | 3.0 | 0.8 | 0.6 | NM | |
| Adapted from June Boon, Veterinary Echocardiography, 1998 Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705 | | | | | | | |

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

Dr. Katara

INVOICE

14559

DATE

3/29/22

Cardiac Presentation

The left ventricular wall is mildly hypertrophied to remodeled with regions of asymmetry. Diffuse, mildly hyperechoic endocardium, consistent with fibrosis was noted. Remodeled to prominent papillary muscles were present. LV systolic dysfunction is adequate yet subjectively decreased. LV and RV maintained normal subjective volume. The left atrium is severely dilated and bulbous in appearance with evidence of LA smoke. The right atrium appeared to be normal in size. The mitral valve is normal without overt evidence of MR or systolic anterior motion (SAM). No overt TR. Blood flow through the LVOT and RVOT were overtly normal to mildly depressed in velocity. No overt evidence of pericardial effusion with mild volume pleural effusion. No obvious cardiac tumors were present.

ULTRASONOGRAPHIC FINDINGS

- Advanced to severe cardiomyopathy- burn out or end stage HCM in light of mild hypertrophied LV versus unclassified CM possible.
- Severe LAE with unorganized thrombus/smoke
- LV myocardial fibrosis
- Mild volume pleural effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regardless of categorical classification, the cardiomyopathy in this patient is severe and confirms the diagnosis of congestive heart failure as the cause of the mild volume pleural free fluid and potential



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pulmonary edema. There is evidence of early thrombus formation within the enlarged LA, putting this patient at exceedingly high risk for aortic thromboembolism going forward. Likewise, continued episodes of CHF are of high likelihood in this patient yet most cats may respond to medical therapy, if tolerated.

SPECIES

Feline

Potential hospitalization with injectable Lasix, until patient is stabilized could be considered, if clinically indicated. Lasix at 1-2 mg/kg PO BID, Clopidogrel at 75 mg tablet, ¼ tab PO BID and off label Pimobendan at 1.25 mg PO BID are recommended with Lasix and Clopidogrel considered most important. Monitoring of resting respiration rate at home is recommended as a best way to screen for progression to CHF. Ideally, recheck renal values, BP and ECG to rule out a concurrent malignant arrhythmia. Recheck echocardiogram could be considered in 4-6 months to assess progression or sooner if continued CHF episodes are noted.

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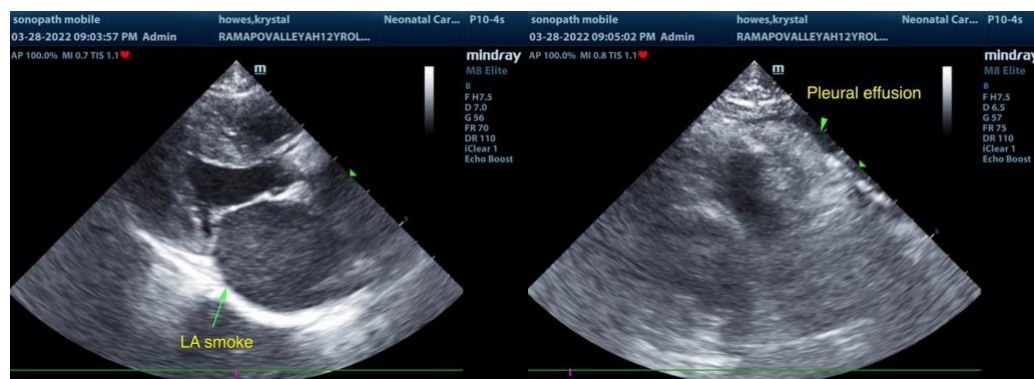
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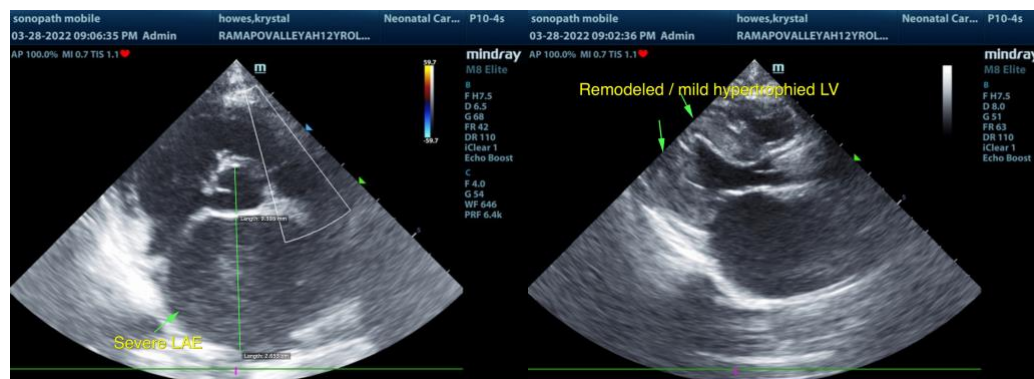
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Katara

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

INVOICE

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