

It was a pleasure meeting and working with Saxton today. Below is a summary of his visit with us on July 26, 2022.

**History:** Saxton was presented for a cardiology consultation. An arrhythmia or gallop sound was noted during a wellness exam on 5/31/2022. Bloodwork that was then performed on 6/29/2022 showed an elevated proBNP (839). His BUN was 26, creatinine 1.9, and total T4 2.5 at that time. Saxton has generally been doing well at home. He breaths comfortably at rest but did have an episode of seeming out of breath with exertion. His resting breathing rate has ranged between 21-32/min. Saxton also had an episode of coughing with exertion recently. He has a history of constipation and osteoarthritis. Recently, he has intermittent episodes of vomiting.

**Current Medications:**

Cisapride  
Miralax  
Cerenia  
Ondansetron  
Multiple supplements

**Cardiac Physical Exam:** Weight= 6.3kg. Saxton was quiet, alert and responsive. The mucous membranes were pink and CRT<2 sec. The cardiac rhythm was irregular (HR160-200/min). No heart murmur was noted. Pulmonary auscultation revealed normal lung sounds. The respiratory rate and effort were normal at rest but mildly increased with handling.

**Diagnostic Testing:**

Electrocardiogram

HR= variable between 160 and 220/min

Rhythm: Sinus rhythm with frequent ventricular arrhythmia and short paroxysms of ventricular tachycardia.

Blood Pressure Measurement

Cuff Size: 2.0 cm

Location: Left Forelimb

Average systolic: 125mmHg

Echocardiogram:

There is mild concentric hypertrophy of the IVS (6.0mm). The left ventricular free wall is thin and hypokinetic (4.0mm). The endocardial surface is irregular with areas of hyper-echogenicity. The left ventricular diastolic chamber size is normal while estimates of systolic function are reduced (LVVIDd 16.4mm, LVVIDs 12.5mm, FS 23.8%). The leaflets of the mitral valve appear normal and no systolic anterior motion is noted. There is mild mitral regurgitation. There is severe left atrial enlargement with severe left auricular dilation (LA 24.1mm, Ao 9.3mm, LA:Ao 2.59). There is spontaneous echocardiographic contrast within left auricle. The aortic velocity (AV 0.87m/s) and flow profile are normal. There is moderate right atrial dilation. Mild tricuspid insufficiency is noted. The pulmonary velocity (PV 0.57m/s) and flow profile are normal. The main pulmonary artery and its visible branches appear normal. There is a mild volume of pericardial effusion.

**Diagnosis:**

1. Unclassified cardiomyopathy (UCM)
2. Systolic dysfunction
3. Ventricular arrhythmia
4. Mild pericardial effusion- congestive heart failure
5. Spontaneous echocardiographic contrast within left auricle

**Assessment:**

Unfortunately, today's echocardiogram revealed that Saxton has relatively advanced cardiomyopathy (CM). CM is a general term for disease of the heart muscle itself. As Saxton's disease characteristics do not fit into a classic form of CM, he is termed to have unclassified cardiomyopathy (UCM). More specifically, Saxton's has relatively normal wall thicknesses, contractile (pump) dysfunction, biatrial enlargement (left and right) as well as a significant ventricular arrhythmia. These changes have led to the development of congestive heart failure (CHF) with a small volume of fluid accumulating around Saxton's heart (pericardial effusion). These changes indicated a relatively advanced state of disease. Given the findings, I recommend treatment with the medications listed below. My hope is that these medications will help palliate any future clinical signs that Saxton may have from his disease. However, we cannot generally cure cardiomyopathies in cats and, therefore, this will likely be a life-limiting disease process. Although highly variable, the average prognosis in cats after the onset of CHF is 6-12 months.

**Plan:**

## Medications:

1. Furosemide 12.5mg: give 1/2 tablet by mouth twice daily (every 12 hours)
2. Clopidogrel 75mg tablets: give 1/4 tablet by mouth once daily (every 24 hours)
3. Pimobendan 2.5mg tablets (compounded): give 1/2 tablet by mouth twice daily (every 12 hours)
4. Sotalol 10mg compounded capsules: give 1 capsule by mouth twice daily (every 12 hours)

**Recheck:**

Saxton has a recheck with our office on 8/9/2022 at 11:00AM. If you have any concerns before that time, please let me know.

**Prognosis:**

Unfortunately, given the severity of disease, Saxton's long-term prognosis is considered poor. He is at a high risk for worsening of his congestive heart failure as well as thromboembolism. There is also a small risk of sudden death in cats with HCM.

**Monitoring:**

Please monitor Saxton for any signs that may be consistent with heart disease. These signs can include rapid or labored breathing (especially at rest), lethargy, open mouth breathing, and/or collapse. If you notice any of these signs, please contact me. Another useful and objective monitoring technique is to count Saxton's resting breathing rate. This is the number of breaths he takes when completely at rest (i.e. sleeping). Please count the number of times Saxton's chest goes up and down over 15 seconds. Multiply this number by 4 to give you the number of breaths in 1 minute. A normal sleeping respiratory rate is <30-40 breaths per minute. If you notice breathing rates >40 breaths per minute and/or Saxton's rate trends upwards over time, please contact us as this can be a sign of congestive heart failure. Sleeping respiratory rates >50 breaths per minute, or a significantly increased breathing effort may indicate an emergency and Saxton should be evaluated by a veterinarian immediately.

Thank you for choosing Mid-Michigan Veterinary Cardiology. Saxton was a great patient and I enjoyed working with him. If you have any questions or concerns regarding Saxton's visit with us, please contact me.

Sincerely,

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