

Clinical History and Presentation:

Marzipan, a 6-year-old male cat, was referred to our hospital for evaluation of sudden thrombotic activity and a marked reduction in food intake exactly began at 11th December at 2:30 AM, presenting with anorexia. The condition was referred from other clinic to Dr. Shaimaa, under the supervision of Dr. Ahmed Barakat. Marzipan also showed clinical signs of lethargy and reduced appetite, and she has been off food for 2 days and leg paralysis

Diagnostic Findings:

- **Cardiac Diagnosis:**
 - Sudden thrombotic event diagnosed through imaging and confirmed with IDEXX snap pronb and echocardiography.
 - Severe enlargement of the left atrium (LA) was noted.
 - Mild hypertrophic cardiomyopathy (HCM) observed.
 - o The echocardiographic findings confirmed significant thrombotic activity with vascular and cardiac involvement.
 - Smoky thrombotic activity detected in heart systems. 0
- **Additional Tests:**
 - Blood glucose levels were measured in both the rear leg and the front limb, showing 0 irregularities.
 - Further diagnostic testing is CBC, x ray and chemistry .

Current Vital Signs:

- SpO2 (Oxygen Saturation): Normal •
- **Temperature (Rectal):** 35.5°C and from the ear (normal)

Medical Recommendations:

- IV Fluids: For hydration and supportive care.
- Multivitamins: To support overall health and nutrition.
- Lasix (Furosemide): To manage any fluid retention and improve cardiac function.
- **Clexane (Enoxaparin):** Anticoagulant therapy to prevent further thrombotic events.

The patient is currently stable, with normal SpO2 and a normal body temperature of 36.5°C. Monitoring will continue, and further treatment adjustments may be required based on Marzipan's progress.



Conclusion and Plan:

Marzipan is diagnosed with **mild HCM**, **severe enlargement of the left atrium**, and **smoky thrombotic activity**. The condition has been managed with appropriate medications, and the current treatment plan includes continued IV fluids, multivitamins, Lasix, and Clexane. The patient's **anorexia** is being addressed through supportive care.

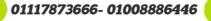
Treatment Plan:

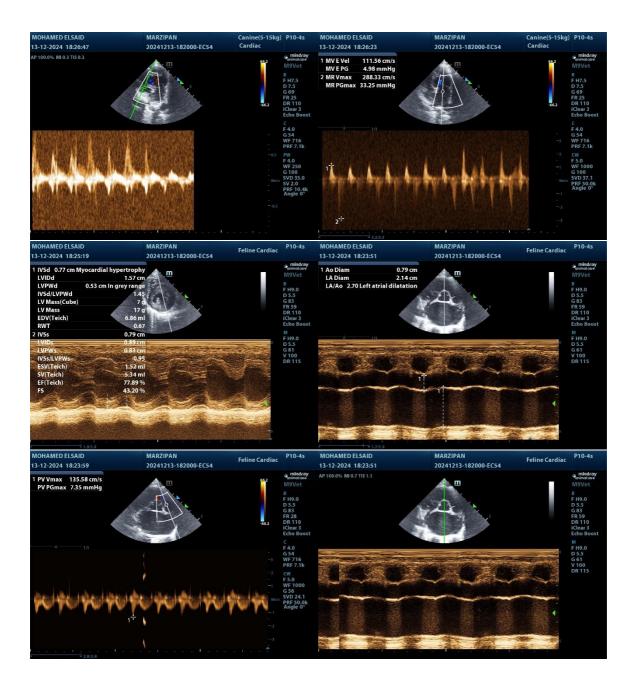
- Continued IV fluid therapy and multivitamin supplementation.
- Lasix and Clexane for management of cardiac and thrombotic conditions.
- Close monitoring of vital signs, including SpO2 and body temperature.
- Ongoing management of anorexia and nutrition.

Should you require any further details or have additional questions, please do not hesitate to contact us. Best regards,

Dr. Shiamaa Cardiologist, New Cairo, Egypt Dr. Ahmed Barakat Supervisor, New Cairo, Egypt contact : +20100886446 <u>EMAIL</u> : <u>drpaws.hospital@gmail.com</u>

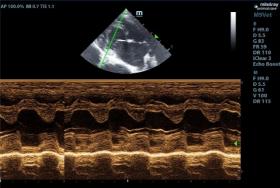
[AHMED BARKAT] [GENRAL MANGER]

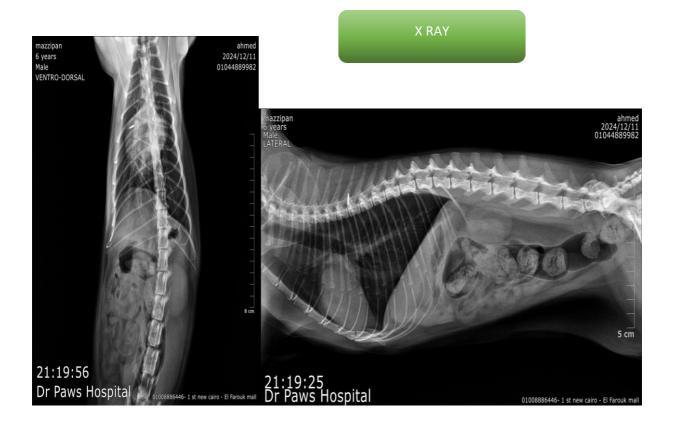




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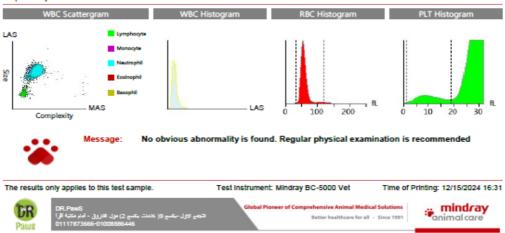
CBC



Hematology Analysis Report

Pe	et:	MAZZIPAN	Species	: Cat	Patie	ent ID:		
Cli	ient:	AHMED	Gender	Male	Sam	ple No.:	5727	
Do	octor:	DR SHAIMAA	Age:	6Years	Time	e of analysis:	12/11/2024 21:31	
	Para.		Result		Ref. Ranges		H	lia. Result
	WBC		12.73	10^3/uL	5.50 - 19.50		0	
	Neu#		11.31	10^3/uL	3.12 - 12.58	_		
	Lym#		1.24	10*3/uL	0.73 - 7.86	- 0)	
5	Mon#		0.16	10*3/uL	0.07 - 1.36	0)	
5	Eos#	L	0.02	10^3/uL	0.06 - 1.93	0		
Ĭ	Bas#		0.00	10^3/uL	0.00 - 0.12			
MBC Deserves	Neu%	н	88.9	%	38.0 - 80.0		0	
	Lym%	L	9.8	%	12.0 - 45.0	-0		
	Mon%		1.2	%	1.0 - 8.0	C)	
	E08%	L	0.1	%	1.0 - 11.0	0		
	Bas%		0.0	%	0.0 - 1.2	0		
	RBC		7.85	10^6/uL	4.60 - 10.20		-0	
	HGB		12.2	g/dL	8.5 - 15.3		-0	
5	HCT		33.9	%	26.0 - 47.0		0	
	MCV		43.2	n.	38.0 - 54.0		0	
	MCH		15.5	Pg	11.8 - 18.0		0	
	MCHC		35.9	g/dL	29.0 - 36.0			
	RDW-CV		16.8	%	16.0 - 23.0	0)	
	RDW-SD		28.9	n.	26.4 - 43.1	(J	
P	PLT		174	10^3/uL	100 - 518	(0	
Paramente	MPV		10.5	n.	9.9 - 16.3	0)	
	PDW		14.8		12.0 - 17.5		0	
2	PCT		0.182	%	0.090 - 0.700)	

Operated by: Administrator



pecies:	cat	ID:	Inspection Report	Patient Name: marzipan		
Owner Name:	Ahmed	Gender:	Male	Age:	6	Years
Sample Type:	serum	Diagnosis:				
LOT: 27403-	4-0148-0302-60-240783	3-3717				
Item	Result	Unit	Ranges		Indicator	
				Low	Normal	High
ТР	7.10	g/dL	5.4-8.9			
ALB	3.40	g/dL	2.2-4.5			
GLO	3.70	g/dL	1.5-5.7			
A/G	0.90					
TBIL	0.28	mg/dL	0.1-0.9			
ALT	884	U/L	8.2-123			
AST	≥1600	U/L	9.2-60			
GGT	1.80	U/L	0-2			
BUN	29.2	mg/dL	10-43			
CRE	1.63	mg/dL	0.3-2.5			
BUN/CRE	18					
GLU	258	mg/dL	74-159			

N.B : we recommend referral to a specialized cardiologist for catheterization with fluoroscopy to assess and potentially remove the clot. This approach will help optimize treatment and improve the patient's prognosis by directly addressing the thrombotic material and reducing the risk of further complications.