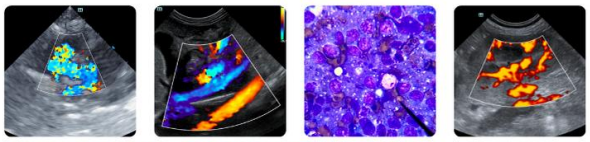

PATIENT

Sweetie Corbett

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

17 years

WEIGHT

7.9

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Michele Pfannenstiel, DVM

HOSPITAL NAME

Mill Brook Animal Clinic – VBF

REFERRING VET

Dr. Pfannenstiel

INVOICE

46551

DATE

1/23/26

PRESENTING CLINICAL SIGNS

History: Presented for significant weight loss despite polyphagia. Intermittent inappropriate urination and defecation near the litter box for the past several months. On Felimazole 5mg am and 2.5mg pm for hyperthyroidism. Elevated BNP.
-Abnormal PE/Chem/CBC/UA Results: Hematology: Mild leukopenia (WBC 3.6 K/uL) characterized by a neutropenia (2,329 /uL) and monocytopenia (22 /uL). Hypernatremia (Sodium 159 mmol/L), mildly elevated TCO2 (23 mmol/L), low creatinine (0.8 mg/dL), and a markedly elevated ProBNP (1207 pmol/L). MAP 160, 160, 154 on the Doppler on Gaba Urinalysis (Cystocentesis): The urine specific gravity was low (1.023). Trace proteinuria and trace blood (6-10 RBC/HPF) were noted. Endocrinology: The Total T4 was elevated at 6.8 ug/dL.

ECHOCARDIOGRAM FINDINGS

Limited image set provided. The left ventricular wall thickness is borderline overall with no significant hypertrophy seen. There is a mildly hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. The papillary muscles are mildly enlarged. The left atrium is mildly dilated and bulbous in appearance. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trivial MR. Blood flow through both the LVOT and RVOT are normal in velocity on Doppler. Trace AI. No pericardial effusion. No obvious cardiac tumors identified.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	------	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	7.9	NM	0.55	1.3	0.57	58	90
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	1.5	1.5		1.5	1.4	NM

**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
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

What can be said is there is borderline LV hypertrophy, in addition to mild left atrial enlargement. Standard views are not obtained, and these findings are mostly subjective. This may be indicative of early hypertrophic disease, may be secondary to hyperthyroidism or may reflect an unclassified cardiomyopathy. Regardless, what is seen here is mild with mild LA enlargement. Chronic tachycardia can lead to this development and may be the case with uncontrolled hyperthyroidism. Controlling the thyroid and reassessing the structural and function will help dictate long-term picture. A small aortic insufficiency is seen and the BP is elevated; follow up as below. No additional issues are seen.

Given these findings, no medications are indicated. With only mild left atrial enlargement there is relatively low risk for a thrombotic event or CHF at this time. Prognosis is guarded long term.

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Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance. Additionally, steroids should be used with caution in cats with any degree of LA enlargement, as risk for complication follows this measurement. An inhaled version may be better tolerated. Monitoring of RR/RE is recommended, particularly during the initiation phase.

Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

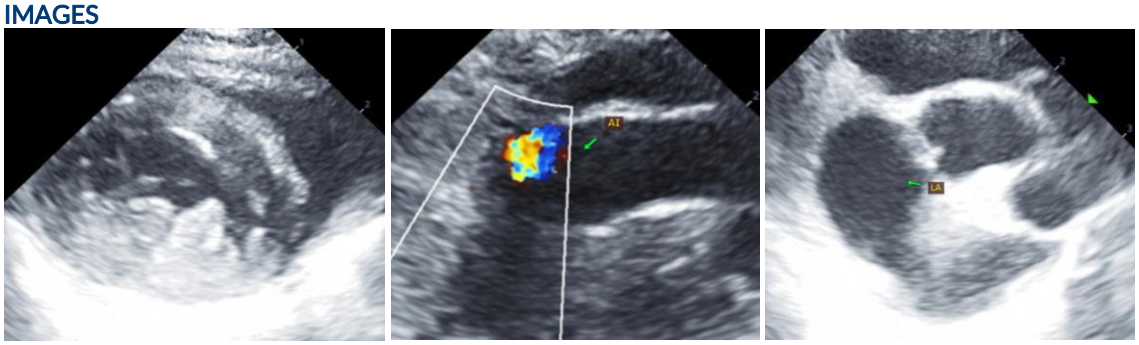
The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of significant LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushing's, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

PLAN

Obtain adequate thyroid control ASAP. Reassess BP (potentially once thyroid is normalized) and treat if indicated.

A recheck echocardiogram is recommended in 6 months to screen for any evidence of progression, sooner if clinical issues arise.

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