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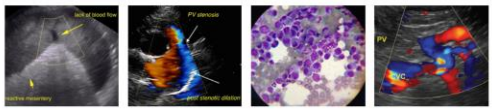

SonoPath
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PATIENT
Zim Martelle

SPECIES
Feline

BREED
DLH

SEX
Female Spayed

AGE
14.5 years

WEIGHT
7.86lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Compassionate Care Veterinary Clinic

REFERRING VET
Dr. Zim

INVOICE
28596

DATE
1/27/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Hyperthyroid patient- currently managed with Methimazole transdermal cream 3.75mg/0.1mls- 0.1mls BID. Patient has been progressively losing weight over the past year, despite T4 being low-normal. 3/28/22- T4=1.2ug/dl, 8.9lbs, 09/02/22, T4=0.7ug/dl, 7.8lbs. SDMA has been consistently 15, with BUN 38 and creatinine 1.8 with SG of 1.014. No proteinuria- urinalysis normal except for low SG. New SDMA on 12/6/2022 was 9. Fecal negative. Lateral and VD chest/abdominal radiographs reveal increased heart size, with sternal contact, GI tract appeared thickened, and renal silhouettes small. SNAP cardiac pro-BNP was abnormal. Appetite normal throughout. No hx of recurrent vomitus/regurgitation nor diarrhea. Given weight loss in the face of a normal T4, stable renal values, and increased BNP with cardiac sternal contact, recommend bicavity ultrasound to rule out any potential neoplastic process that may lead to weight reduction of this nature. Current medications: Atenolol 25 mg/ml 0.25 l ml SID. BP: 156, 156, 158mmHg.
-Pertinent previous echo findings (11-5-21 MML): LA 1.2 cm, LA:Ao 1.1, IVS 0.8 cm, PW 0.44, normal LA size, asymmetrical LV wall thickness, mildly hypertrophied papillary muscle, SAM of MV, LVOT Vmax 4.3 m/s *Sedated with Gabapentin and Butorphanol.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are highly asymmetrical with moderate septal hypertrophy regions of thinning along the posterior wall. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are asymmetric with significant remodeling.
Left atrium: The left atrium is mildly enlarged. No obvious spontaneous contrast or thrombi seen.
Mitral valve: The mitral valve is normal in structure and mobility. Severe systolic anterior motion is seen with moderate mitral regurgitation.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Moderately elevated aortic outflow velocity and dynamic in profile. Mild aortic insufficiency.
Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.
Right atrium: The right atrium is normal in dimension.
Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 150bpm.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.6
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.66
LVID diastole (cm)	1.3
PW thickness (cm)	0.60
LVID systole (cm)	0.5
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	3.4
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

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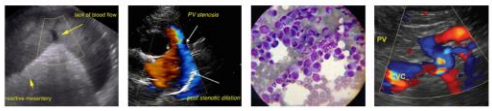

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INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is continued evidence of progression. The LV wall thicknesses remain highly asymmetric with progressive left atrial enlargement. There is also an aortic insufficiency that has developed; however, the reported blood pressure is reasonable. The LVOTO is slightly improved on Atenolol; however, the MR is quantitatively increased. No additional issues are identified.

Given these findings, continue Atenolol as prescribed. Consider addition of Plavix due to risk or a blood clot event.

It is unclear if these findings are enough to explain the clinical issues at this time. This patient has a long list of medical problems, and it may be some combination that is at play. No neoplastic process is appreciated; however, chronic underlying structural disease can lead to some degree of cachexia over time.

Prognosis is guarded, with risk for development of CHF, blood clot events and/or sudden death in the future.

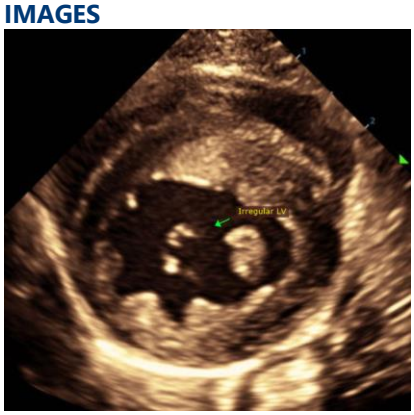
RECOMMENDATIONS

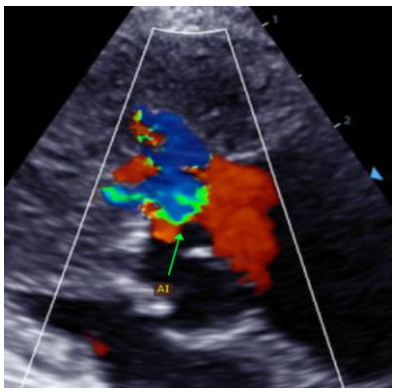
- Continue Atenolol as prescribed.
- If able, institute Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).
- Monitor BP/T4 every 6 months.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- Recommend recheck echocardiogram in 6 months to continue to screen for progression.

IMAGES





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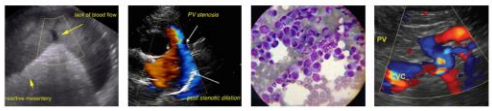

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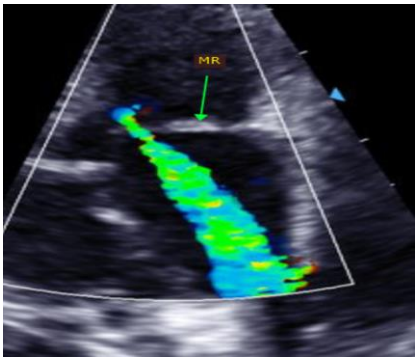

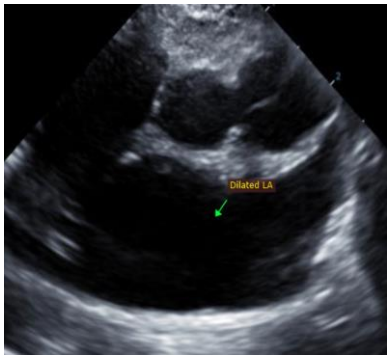

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)