



DATE PRESENTING CLINICAL SIGNS

1.27.26 History: Was acting very lethargic for 24-36 hours. Vomited once. Not eating much. Didn't even want to travel to litterbox to urinate. Treated for hyperthyroidism with radioactive Iodine Spring 2023. Had "moderately concentrated urine" at that time. Specific Gravity 1.021, PE: NSF except 1.5lb weight loss since 2023. Large bladder but was able to be fully expressed. No obvious heart murmur

PATIENT

JJ Holland

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

1.12.10

WEIGHT

7.25lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Harborside Mobile VC

REFERRING VET

Dr. Hawkins

PRESENTING CLINICAL SIGNS

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-Pertinent abnormal PE/Chem/CBC/UA Results: Elevated BNP>> 1500. Chem: mild azotemia; mild increases in liver enzymes. CBC: normal. T4 normal at 2. Urine specific gravity 1.015; the rest is normal.
-Current medications: one dose of sq fluids and injectable Cerenia on Jan 20. Using 1mg transdermal mirataz for appetite. Started 20mg baby aspirin 3x/week on Jan 21
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results: No previous.
-STAT: Not requested.
-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears mildly remodeled. Mild papillary muscle hypertrophy. The left atrium is normal. The mitral valve is normal in structure and mobility. No MR. The right atrium is normal in size. The right ventricle appears normal. Trace TR. Blood flow through both the LVOT and RVOT is normal in velocity. Trace AI. No PI. No obvious cardiac tumors identified. No effusions.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.3	NM	0.58	1.3	0.58	67	96
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	1.3	1.3		1.0	1.8	NM

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

INVOICE

46584

The only abnormality identified is the LV wall thickness is borderline. This may be a normal variant in this senior cat; however, volume changes, hypertension, or hyperthyroidism can lead to this appearance. A baseline BP is strongly recommended, in light of trace aortic insufficiency. The remainder of the study is largely normal with a normal LA dimension and no additional issues identified.

The most likely cause of BNP elevation in this case is renal disease; however, a BP should also be assessed. From a cardiac standpoint, aspirin is not clearly indicated without atrial enlargement.

Anesthetic risk is mild, however any cat with fibrosis and diastolic dysfunction will be at risk for IV fluid overload. Careful monitoring of breathing rates during and after administration is advised.

No cardiac specific medications are indicated. Prognosis is guarded.

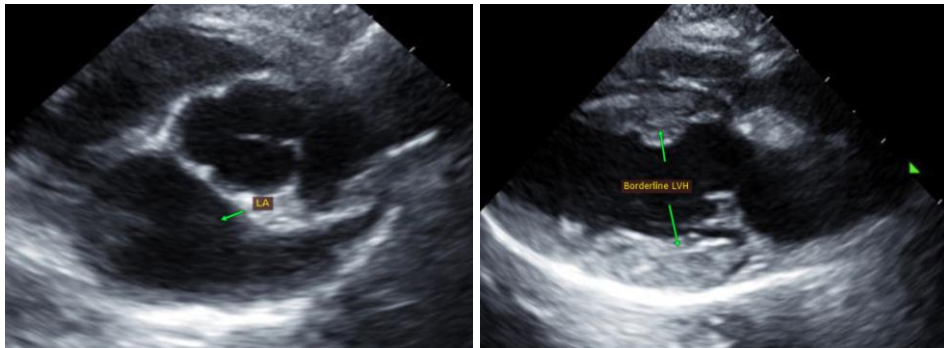
Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

PLAN

Baseline BP and T4 are recommended every 6 months. From a cardiac standpoint, Aspirin is likely unnecessary.

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of progression.

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.

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