



PATIENT

TJ Oshrine

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

13 years

WEIGHT

11.6lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Cat Hospital at
Towson

REFERRING VET

Dr. Brunt

INVOICE

21471

DATE

10/12/21

PRESENTING CLINICAL SIGNS

History: Hyperthyroidism, unregulated. Hypertension, medicated. Assess prior to I-131 therapy.
 -Pertinent abnormal PE/Chem/CBC/UA Results: Enlarged pulmonary vessels noted 1 month ago and today, have 2016 chest radiographs with normal vasculature.
 -Current medications: Atenolol 0.625mg qd (Discontinued 8 days ago: Felimazole 2.5mg bid).
 -Sedation used: Sedation not required for scan.
 -STAT: Not requested.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. False tendon. The papillary muscles are normal in size and hyperechoic. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Mild aortic insufficiency. No other obvious valve regurgitation. Blood flow through both the LVOT and RVOT is normal in velocity. Normal MPA and peripheral vasculature with no evidence of heartworm infestation. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWWd (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	5.3	194	0.47	1.6	0.46	63	93
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		0.7	0.94	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

Overtly normal geriatric cardiac structure and function. The LV wall thickness is normal, and there is no evidence of elevated left atrial pressure or underlying pathology at this time. There is mild remodeling and fibrosis of the left ventricular wall, which is considered likely a normal age-related finding. Mild aortic insufficiency is identified, which can be caused or exacerbated by systemic hypertension. This is reportedly well controlled and should be monitored lifelong. Given these findings, no medications are indicated.

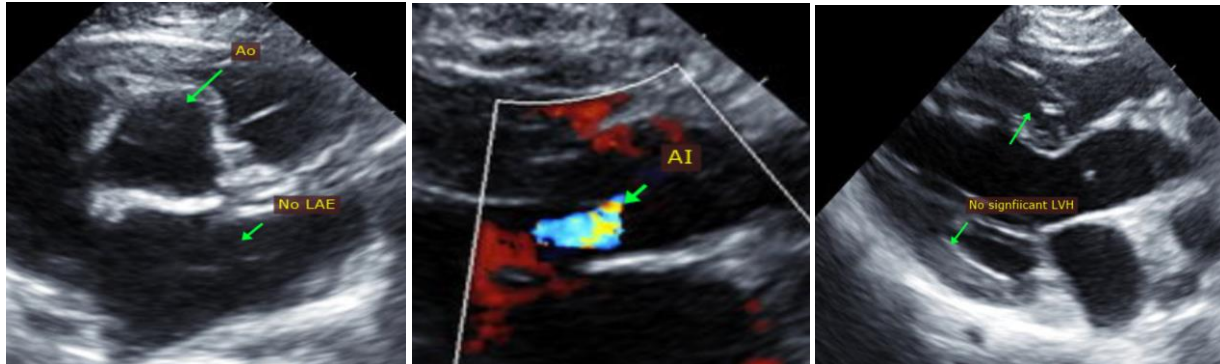
No obvious structural contraindication for I-131 therapy is seen in this study. The patient is being administered Atenolol therapy which is presumably for tachycardia due to hyperthyroid disease. This can be continued until the thyroid is controlled and should be titrated to an appropriate effect (heart rate 140-160bpm stressed). Aside from tachycardia-induced decompensation, there is low risk for CHF or cardiac complication at this time.

No additional medications at this time as the left atrium is normal and risk for complication is low.

Anesthetic risk is considered mild. With remodeling and diastolic stiffening, there is an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended. Heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary. Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

Recommend recheck echocardiogram in 1 year to assess for any progressive issues.

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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