



PATIENT

Teddy Kadera

SPECIES

Feline

BREED

Maine Coon Cat

SEX

Femal Spayed

AGE

13 years

WEIGHT

12.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Romero

HOSPITAL NAME

Mulnix Animal Clinic

REFERRING VET

Dr. Thomas

INVOICE

27657

DATE

11/28/22

PRESENTING CLINICAL SIGNS

History: Diagnosed with hyperthyroidism in 2021. Tried YD food but switched to methimazole shortly after. Had been on methimazole transdermal since, including when most recent blood sample was drawn on 11/10/22. TT4 was 6.8 and ALT was 166. They have just restarted YD after that blood sample and are continuing with the transdermal methimazole until T4 normalizes. Heart murmur. BP:221mmhg.
-Abnormal PE/Chem/CBC/UA Results: TT4 6.8, ALT 166.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with borderline septal thickening; however, the remainder appears normal. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly 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 with no MR. Trace TR. Blood flow through the RVOT is normal. The blood flow through the LVOT is normal on doppler; however, color flow and 2D imaging suggests an intermittent LVOTO. No AI. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.5	NM	0.58	1.0	0.45	68	96
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>	LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	NM	1.1	1.0	1.4	1.2	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

The primary abnormality identified is septal hypertrophy in addition to LV remodeling, which may be indicative of early hypertrophic disease or may simply represent a normal variant. Mild pathology secondary to reported hyperthyroidism is also possible. Regardless, the LA is normal which would indicate clinical stability. Serial echocardiography will be necessary to determine progression and clinical significance. Additionally, there is a mild LVOT obstruction, which appears intermittent and does not warrant therapy. No additional issues are identified. A baseline BP is recommended.

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



PATIENT

Teddy Kadera

reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

SPECIES

Feline

Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change). Prognosis is guarded prior to assessing for progression.

BREED

Maine Coon Cat

A recheck echocardiogram is recommended in 1 year to screen for any evidence of progression.

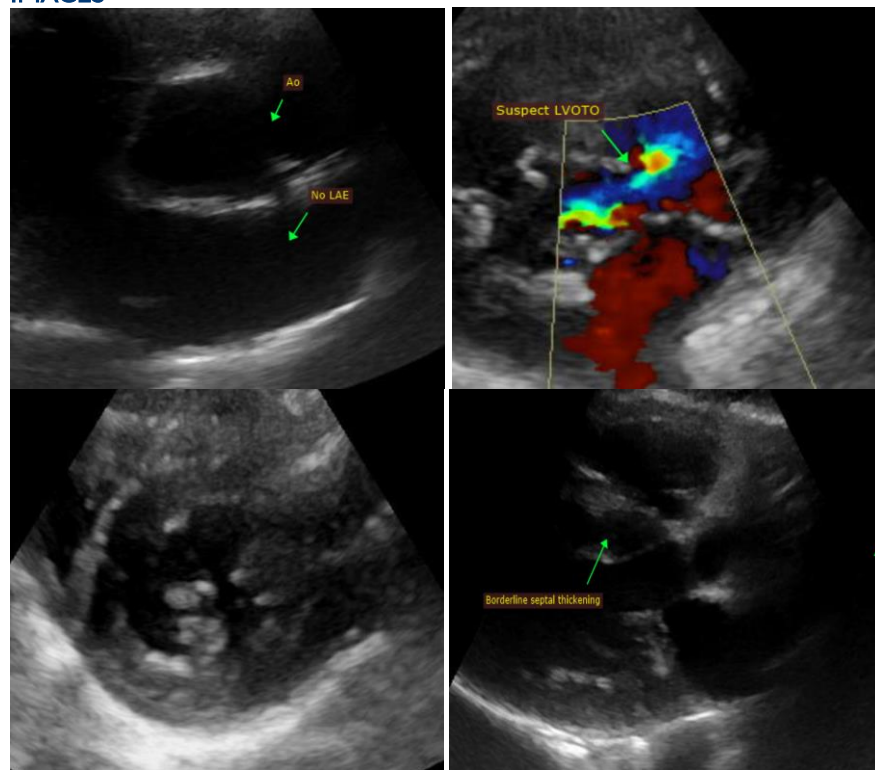
SEX

Femal Spayed

IMAGES

AGE

13 years



WEIGHT

12.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Romero

HOSPITAL NAME

Mulnix Animal Clinic

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.

REFERRING VET

Dr. Thomas

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.

INVOICE

27657

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

DATE

11/28/22