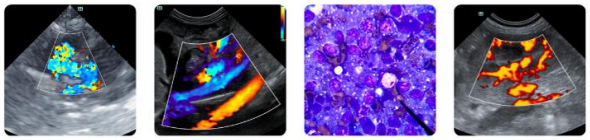

PATIENT

Moldune Sosa

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

8 years

WEIGHT

9.5lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Chrissy Krell, DVM

HOSPITAL NAME

Town & Country Animal Clinic

REFERRING VET

Dr. Bergin

INVOICE

46880

DATE

2/17/26

PRESENTING CLINICAL SIGNS

History: Presented 2/11 for increased RR: 50bpm and vomited twice. Presented to emergency hospital and diagnosed with hyperthyroidism, enlarged heart on CXR and possible pancreatitis.
-Abnormal PE/Chem/CBC/UA Results: PE: increased resp. rate (50bpm) with mild abdominal effort and tenderness on abdominal palpation 2/11- SPO2 95% 2/11. CXR: normal cardiac silhouette with mild to mod. interstitial pattern all lung fields, gas filled distal colon, spondylosis T11-T13. 2/12: BNP: 1482, T4 10.7.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension with no hypertrophy seen. The LV chamber is normal with adequate function. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. The left atrium is mild to moderately dilated. The right atrium is mild to moderately dilated. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trace MR. Blood flow through both the LVOT and RVOT is normal in velocity. No TR. No AI. No pericardial or pleural effusion seen. No obvious cardiac tumors.

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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.3	NM	0.55	1.2	0.55	42	80
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	1.7	1.6		1.2	0.8	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 finding of biatrial dilation in the face of borderline LV wall thickness is most consistent with Unclassified Cardiomyopathy (UCM); however, end-stage or burnout HCM, tachycardia-induced cardiomyopathy or some prior infectious or inflammatory insult to the myocardium cannot be definitively ruled out. There is only borderline hypertrophy noted today, ruling out typical hypertrophic disease. No additional issues are identified.

The patient is reportedly hyperthyroid, and the resultant tachycardia is likely contributing to the echo findings. Based upon mild to moderate biatrial dilation and a lack of CHF on the CXR, CHF

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is unlikely. That being said, there is some risk for complication in this case if the tachycardia persists. Assuming the thyroid can be controlled in the near future, Atenolol is likely unnecessary. Plavix is warranted, at least for the short-term, due to atrial enlargement. A BP should certainly be obtained in this complicated case.

Going forward, there is risk for recurrent CHF, development of additional blood clots, and/or malignant arrhythmias/sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent/impending CHF at home.

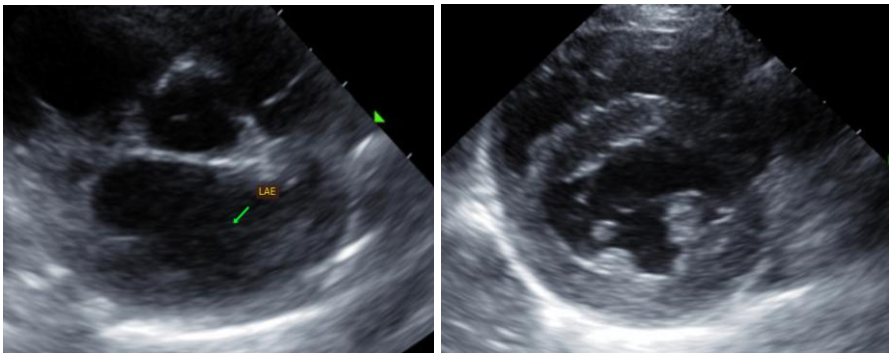
Monitor at home for any progressive labored breathing and/or signs of clot recurrence (limb paralysis, neurologic changes, etc.).

PLAN

If there are issues controlling the thyroid and the patient remains tachycardic, consider Atenolol to bridge the gap with a target heart rate of 140-160bpm in hospital. 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). Immediate thyroid control should be obtained.

Recheck echocardiogram in 6 months once stable on oral medications to assess for progression/regression and need for continued medications.

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
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