

**PATIENT**

Prissy Hutt

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

4.19.07

**WEIGHT**

9lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Andi Parkinson, RDMS

**HOSPITAL NAME**

Fullerton Animal Hospital

**REFERRING VET**

Dr. Stock

**INVOICE**

22434

**DATE**

2.8.222

**PRESENTING CLINICAL SIGNS**

History: Hyperthyroid disease, screening prior to I131 treatment. NMA.

Pertinent abnormal PE/Chem/CBC/UA Results: Lab work: NSF - even one week off methimazole revealed normal T4, fT4Ed.

-Radiograph report: (rotation on VD image) Cardiac silhouette appears normal in size. Small amounts of pleural effusion are seen.

-Current medications: Has been off Methimazole since 1/17/2022.

-Sedation used: Not required to complete full diagnostic ultrasound.

-STAT: Not requested.

**ELECTROCARDIOGRAPHIC FINDINGS**

A six lead ECG is available at both 25 and 50mm/s; 2mm/mV. The average heart rate is 188bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with regions of borderline thickening. There is a diffusely hyperechoic endocardium consistent with age-related fibrosis. Minimal remodeling. The papillary muscles are 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. No MR. The tricuspid valve appears normal in structure and mobility. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions. 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.1	220	0.5	1.2	0.47	43	79
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	1.0	1.0		1.0	1.6	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 left ventricular walls are borderline in dimension, which is likely due to chronic thyroid disease; however, a baseline blood pressure is recommended. No significant valve leaks are noted, and flow through the great vessels is normal in velocity. Most importantly the LA and RA are both normal indicating low risk for complication. The ECG is unremarkable with a normal sinus rhythm.

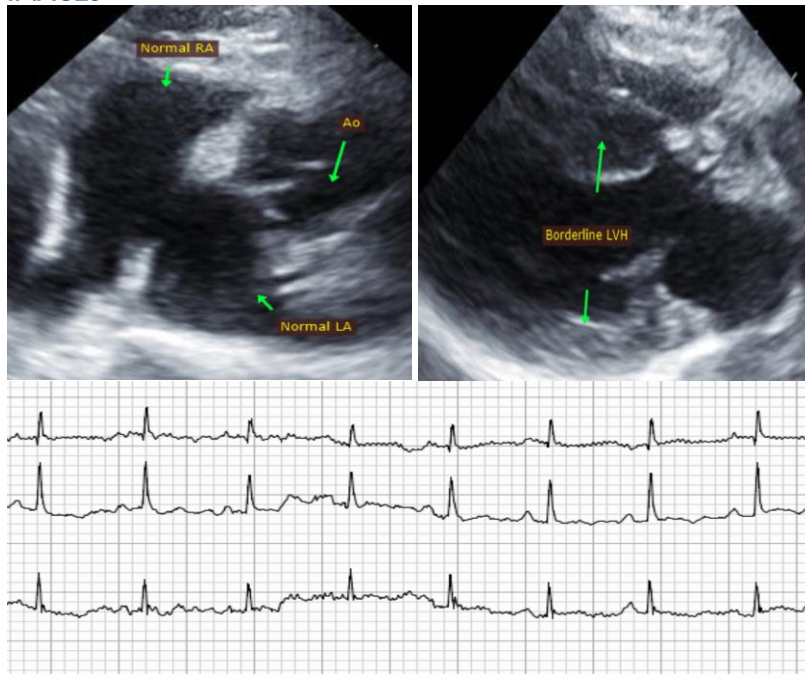
These findings would suggest pleural effusion is noncardiac in origin. Consider sampling, advanced thoracic imaging, etc. for further evaluation. No obvious thoracic mass is seen in this study; however, these are easily missed and outside the scope of an echocardiogram.

No cardiac contraindication for general anesthesia or I131 therapy based upon what is seen here. Should fluid or steroid therapy be indicated in the future, any cat should be monitored for intolerance (changes in RR/RE).

Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

Recommend recheck echocardiogram in 1 year to assess for any progressive issues or development of disease the pre-existing murmur may mask.

## 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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