

**PATIENT**

Shadow Super

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

7.31.06

WEIGHT

14lbs

INTERPRETED BYMaggie Machen Lamy,
DVM, DACVIM
(Cardiology)**IMAGING PERFORMED BY**Stephanie Pearce,
RDCS, RVT**HOSPITAL NAME**Frederick Road
Veterinary Hospital**REFERRING VET**

Dr. Franchini

INVOICE

22466

DATE

2.9.22

PRESENTING CLINICAL SIGNS

History: Pet has history of hyperthyroidism that owner will treat and then stop because medication makes him vomit. History of elevated fpli and being treated empirically with steroids (2.5 mg Prednisolone SID) for possible IBD.

-Pertinent abnormal PE/Chem/CBC/UA Results: SDMA 15, BUN 59, Creat 2.1, USG 1.015, Chloride 111, Lipase 59, T4 6.3, fPLI 29.3, ProBNP 281.

-Current medications: Prednisolone, Cerenia.

-Sedation used: Torbugesic IV.

-STAT: Not requested.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle remodeling. The right ventricle is subjectively normal in size and morphology. There is borderline left atrial enlargement present. No right atrial enlargement present. Normal LVOT and RVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. There is no mitral regurgitation present. No tricuspid regurgitation. Trace aortic insufficiency. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.4	260	0.53	1.7	0.55	58	90
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		0.86	1.2	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 cardiac structure and function with borderline LVH. This may be indicative of early hypertrophy or may reflect a normal variant. In this hyperthyroid patient, the finding is likely secondary to hyperthyroidism. Given aortic insufficiency, ideally a blood pressure should be assessed to ensure no additional contributing factors are present. Monitoring the degree of hypertrophy over the next year once euthyroid will help definitively determine long term prognosis which is potentially good (assuming there is no progression). Regardless, the LA is normal indicating low risk for complication at this time.

No therapy is currently indicated. Tachycardia is noted; however, this should resolve with stabilization of the thyroid (consider transdermal formulation). If not possible, consider use of atenolol to maintain a physiologic rate. Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).

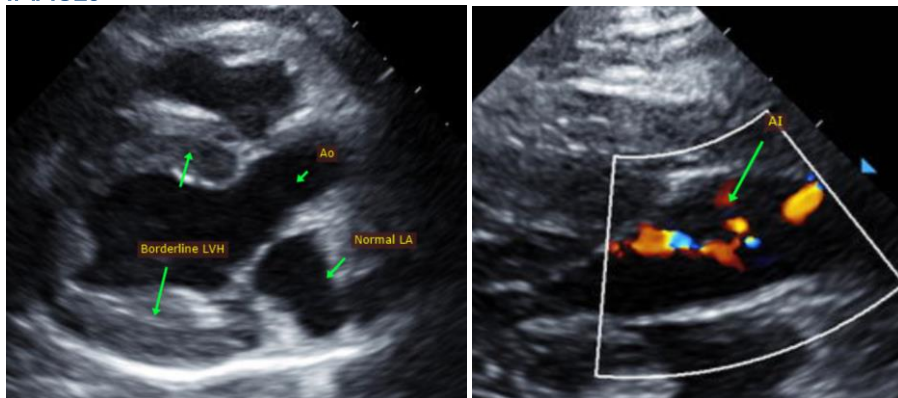
Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine).

PLAN

If unable to maintain euthyroid status and tachycardia persists, consider use of atenolol to effect (target <160bpm in hospital).

A recheck echocardiogram is recommended in 6-12 months to assess for progression/regression, sooner if clinical signs arise.

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com