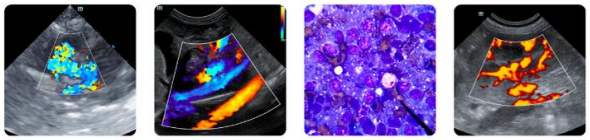

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Cricket Parsa

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

12.5 years

WEIGHT

12.52lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Melinda Persson, DVM

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Melinda Persson

INVOICE

47204

DATE

3/11/26

PRESENTING CLINICAL SIGNS

History: Grade 3/6 heart murmur. Elevated BNP. Recently diagnosed with hyperthyroidism; on Methimazole x 11 days. BP: 120mmhg. Sedated with Gabapentin and Torb.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. There is mild papillary muscle hypertrophy and remodeling. The LV is normal in dimension with mild LV dysfunction. The left atrium is severely enlarged. No obvious smoke or thrombi. The right atrium is moderately enlarged. The mitral valve is normal. No obvious mitral regurgitation. No evidence of systolic anterior motion. The right ventricle appears normal. Blood flow through both the LVOT and RVOT is normal in velocity. No pericardial or pleural effusions are 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	5.7		0.62	1.5	0.65	33	60
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	2.0	1.8		1.0	0.9	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

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. In this cat that was recently diagnosed with thyroid disease, the finding of mild LV hypertrophy and mild LV dysfunction may reflect end-stage physiology. Serial echocardiography will be necessary to determine progression and clinical relevance in the future once the thyroid/HR are controlled. The most concerning finding is severe biatrial dilation, which suggests high risk for complication in the future. This may be due to chronic tachycardia (i.e. tachycardia-induced cardiomyopathy) and monitoring is advised. Regardless, I do recommend low dose Furosemide and Plavix as a conservative approach. Hopefully Atenolol is unnecessary as the thyroid is being treated. Prognosis is guarded pending monitoring for progression/regression.

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General anesthesia is not advised at this time.

Monitor at home for any change in RR/RE, exercise intolerance, and/or signs of a blood clot going forward.

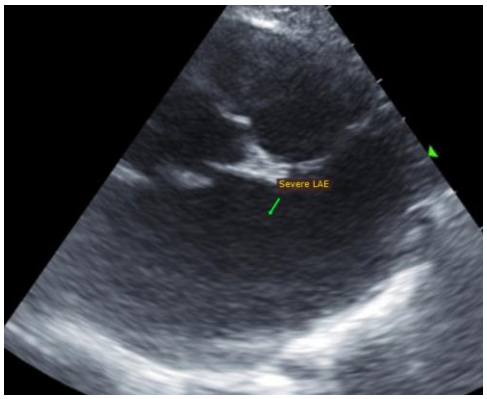
PLAN

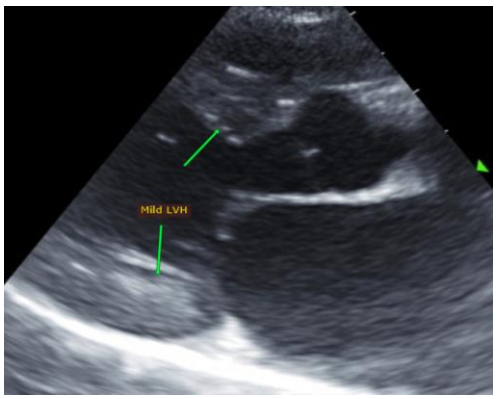
Institute low dose Furosemide 1mg/kg PO q12h. Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges and should be coated in entirety or administered in a gel cap). Continue thyroid control is recommended.

Recheck renal values in 1-2 weeks then every 3-4 months lifelong.

Recommend recheck echocardiogram 6 months post-euthyroid status to assess for progression/regression.

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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info@sonopath.com