

IMAGING PERFORMED BY

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Clinical Sonography & Telectology

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PATIENT

Skeeter O'Brien

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

4.15.14

WEIGHT

11.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Cat Hospital at Towson

REFERRING VET

Dr. Brunt

INVOICE

23017

DATE

3.9.22

PRESENTING CLINICAL SIGNS

History: Cardiomegaly, hypertension, weight loss, grade 2 heart murmur, hyperthyroidism.

Pertinent abnormal PE/Chem/CBC/UA Results: TT4: 7.3.

-Sedation used: Patient sedated with Gabapentin prior to scan.

-Pertinent previous ultrasound results: No previous.

-STAT: Not requested

-Imaging performed by: Andi Parkinson, RDMS.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal with a focal septal thickening. 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 no left atrial enlargement present. No right atrial enlargement present. Mildly elevated RVOT velocity with a dynamic profile. There is no systolic anterior motion (SAM) of the mitral valve present, with a normal LVOT velocity. No mitral regurgitation present. No TR. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated.

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	5.3	140	0.63	1.6	0.49	60	92
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 (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	1.1	1.0	1.1	0.64	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

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Given both hyperthyroid disease and reported hypertension, these mild changes may simply be secondary. Regardless, there is no LA enlargement which would indicate the risk for clinical issues is low. No obvious cause for the murmur is identified in this study.

No medications are indicated prior to significant atrial dilation. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM. Prognosis is guarded long term, given the highly variable rates of progression with subclinical cardiomyopathy.

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).

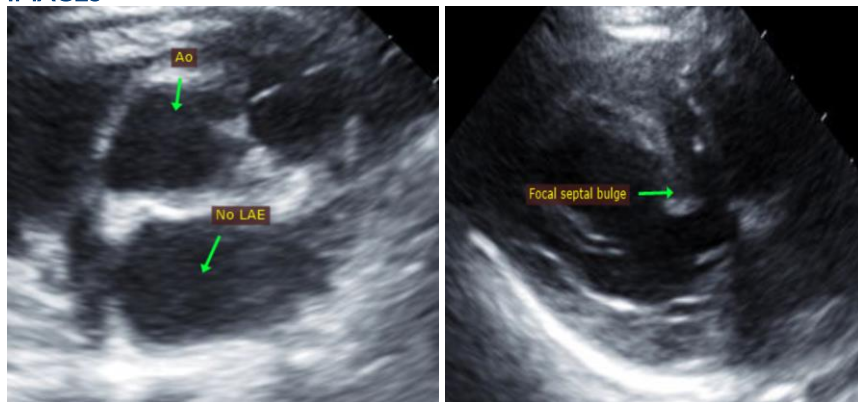
Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

PLAN

A screening blood pressure and T4 are recommended every 6 months lifelong, maintaining a blood pressure <160mmHg in hospital.

A recheck echocardiogram is recommended in 6-12 months to assess for progression, sooner if any issues arise in the interim.

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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