



DATE CLINICAL BACKGROUND & STUDY DETAILS

4.13.26 **History:** Newly diagnosed hyperthyroid. Assess prior to I-131 therapy.
Pertinent abnormal PE/Chem/CBC/UA Results: Hyperthyroid T4: ~18. BNP: 200
Current medications: N/A.

PATIENT

Cheddar Chisolm

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

3.7.14

WEIGHT

6.25lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Harborside Mobile VC

REFERRING VET

Dr. Hawkins

INVOICE

47540

Sedation used: Not required to complete full diagnostic ultrasound.
Pertinent previous ultrasound results: No previous.
STAT: Not requested.
Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly thickened. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and fibrosis. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. Trace MR. 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) (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	2.8		0.63	1.1	0.63	54	88
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		1.5	1.3	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

The only abnormality identified is there is mild LV hypertrophy, which may be secondary to recently diagnosed hyperthyroidism. A baseline BP is recommended. Regardless, the LA is normal suggesting low risk for complication. No additional issues are identified. An arrhythmia is suspected and an ECG should be considered.

Given the mild nature of the findings, certainly 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. Thyroid medications should certainly be instituted. The safest approach to I-131 therapy would be to stabilize the thyroid using oral medications for 6 months and reassess the cardiac structure. As long as no progression is seen, it would be reasonable to proceed.

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

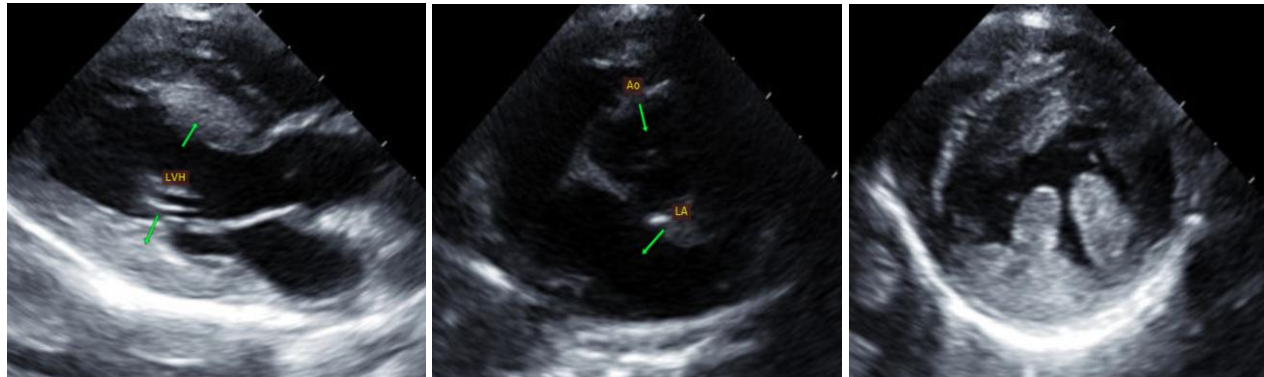
Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is low. If needed, monitoring of RR/RE is advised particularly in the initiation phase. Risk for steroid intolerance follows LA dilation which in this case is low. That being said, any cat can experience acute intolerance and monitoring of breathing rates at home is advised.

PLAN

A screening blood pressure and T4 every 6 months lifelong.

A recheck echocardiogram is recommended in 6 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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