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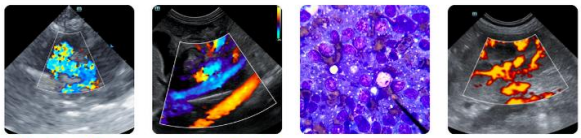

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PATIENT

Arthur Elms

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

12 years

WEIGHT

13.6lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Janeway

INVOICE

47492

DATE

4/8/26

PRESENTING CLINICAL SIGNS

History: Diagnosed hyperthyroid 1/25; started on methimazole. Cat has become neutropenic (2146 2/2/26), O would like to pursue I-131 treatment. No symptoms of cardiac disease. No murmur. CXR showed mild cardiomegaly.
-Abnormal PE/Chem/CBC/UA Results: Elevated BNP. Neutropenia has resolved since methimazole discontinued.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is slightly thickened. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild asymmetric papillary muscle hypertrophy and fibrosis. The right ventricle is subjectively normal in size and morphology. There is slight 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. No 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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.2	NM	0.61	1.1	0.61	46	80
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	1.4	1.4		1.7	1.5	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

The only abnormality identified is the LV is slightly thickened, which may be secondary to recently diagnosed hyperthyroidism. A baseline BP is recommended. Regardless, slight LA dilation is also noted, which should be monitored going forward. No additional issues are identified.

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 have been instituted, making Atenolol unnecessary. The safest approach to I-131 therapy would be to

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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.).

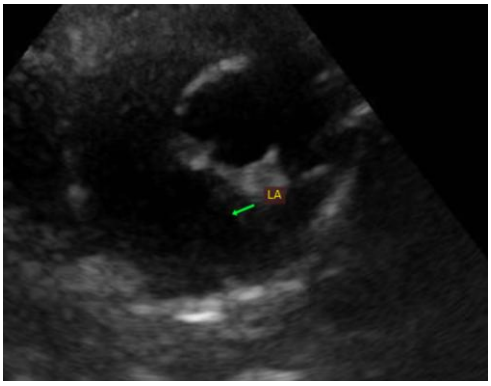
Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. 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. Given that the patient has been on steroids long-term, there is likely no contraindication.

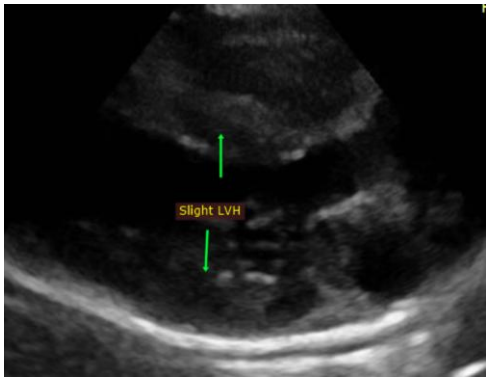
PLAN

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.

Maggie Machen Lamy, DVM
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info@sonopath.com