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PATIENT

Madam Bella Degraff

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

7.31.06

WEIGHT

7.3lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

PetVet of Clarksville

REFERRING VET

Dr. Martof

INVOICE

24417

DATE

5.25.22

PRESENTING CLINICAL SIGNS

History: Hyperthyroid. Needs echo for radiocat treatment.

-Pertinent abnormal PE/Chem/CBC/UA Results: T4 7.4.

-Current medications: Cerenia 24mg ¼ SID PRN.

-Blood pressure:

-Sedation used: Patient sedated with Torbugesic.

-Pertinent previous ultrasound results: No previous.

-STAT: Not requested

-Imaging performed by: Andi Parkinson, BS, RDMS.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is irregular with a focal septal thickening; however, the remainder appears normal. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hyperechoic. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility with mild eccentric MR, secondary to the obstruction. Mild TR. Blood flow through the RVOT is normal. The blood flow through the LVOT is mildly elevated on doppler with an intermittent LVOTO confirmed on color flow and 2D imaging. Trace AI. No pleural or pericardial effusion seen. 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>	LWVd (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	3.3	180	0.52	1.48	0.51	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	1.1	1.7	0.85	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 primary abnormality identified is focal LV hypertrophy in addition to LV remodeling, which may be indicative of early hypertrophic disease or may simply represent a normal variant. The LA is normal which would indicate clinical stability. Serial echocardiography will be necessary to determine progression and clinical significance. Additionally, there is a mild LVOT obstruction with secondary MR, which appears intermittent and does not warrant therapy. Finally a small aortic leak is noted, and a BP is recommended. No additional issues are identified.

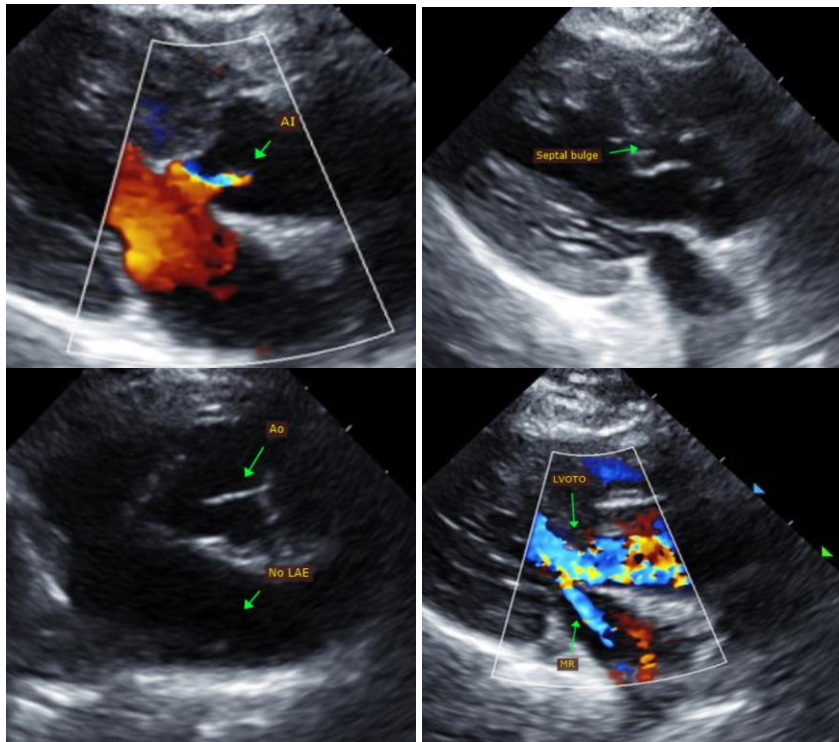
These findings may very well be due to uncontrolled hyperthyroid disease. I would not consider this a contraindication for proceeding with I-131 therapy given the mild nature of the findings.

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). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change). Prognosis is guarded prior to assessing for progression.

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of progression.

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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