

**PATIENT**

Max Rowlson

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Male Neutered

**AGE**

12 years

**WEIGHT**

12.3lbs

**INTERPRETED BY**Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Exclusively Cats

**INVOICE**

24725

**DATE**

6/11/22

**PRESENTING CLINICAL SIGNS**

History: Presented for senior wellness exam. Became tachypneic, open mouth breathing during routine jugular blood draw.

-Radiographs: Heart appears enlarged.

-Current medications: Thyroid elevated at 9.2, started on Felimazole 2.5mg po BID

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. The papillary muscles are normal in size and hyperechoic. The left atrium is mildly dilated. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No obvious valve regurgitation. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or

**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	5.6	NM	0.51	1.6	0.50	38	70
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	1.2	1.5	1.1	0.93	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**

Overtly normal cardiac structure and function. The LV wall thickness is normal, and there is no evidence of significant damage from hyperthyroidism. The LA is mildly dilated, which is suspected to be secondary to uncontrolled hyperthyroidism/tachycardia rather than reflecting a primary issues. Follow up is advised once the thyroid is controlled. There is mild remodeling and fibrosis of the left ventricular wall, which is considered likely a normal age-related finding. Given these findings, no medications are indicated.

These findings would suggest tachypnea on exam is unlikely to be cardiogenic in origin. Immediate institution of thyroid therapy is recommended with reassessment via CXR if symptoms do not improve.

Anesthetic risk is considered mild. Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

**IMAGING PERFORMED BY**

svsmobileimaging.com 309-737-3070



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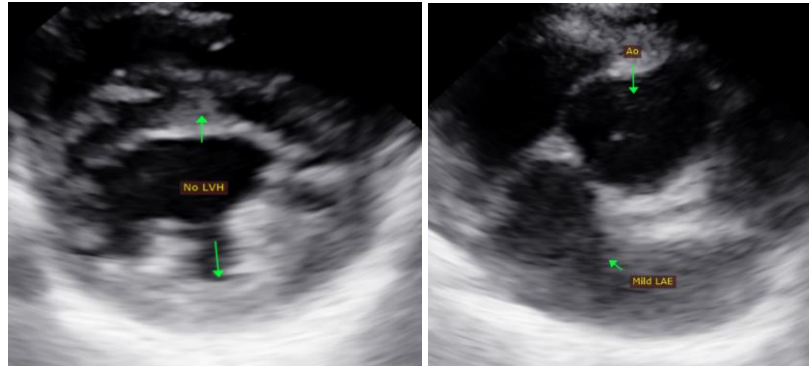
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**PLAN**

Institute thyroid medication as discussed.

Recommend recheck echocardiogram in 6-12 months to screen for any progressive atrial dilation.

**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. 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  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
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