

PATIENT

Nina Sohn

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16y

WEIGHT

5.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Paradise AH

REFERRING VET

Dr. Rieckert

PRESENTING CLINICAL SIGNS

History: The patient has been treated for hyperthyroidism for approximately 5 years (currently well managed). For a few years, she has been struggling to stand up. About 2 weeks ago, she became unable to walk. On physical exam 8/26, she has minimal motor function in her pelvic limbs and they have increased tone. Her front limbs have good motor but also have slightly increased tone. She does not have any pain on palpation of her spine. Neurologic localization seems to be either cervical vertebral segments, caudal fossa, or multifocal. Her blood pressure in hospital was 95 mmHg which is low.

Pertinent abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4 wnl 8/26; UA wnl 8/26.

Current medications: Methimazole 15 mg in am and 10 mg in pm - given for about 5 years.

Blood pressure: Not provided by the veterinarian.

Sedation used: Gabapentin 50mg PO upon arrival to hospital morning of scan.

Pertinent previous ultrasound results: No previous IntraPet scans.

STAT: Not requested.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. 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. Blood flow through both the LVOT and RVO T is normal in velocity. 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>	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	2.5	224	0.3	1.2	0.32	37	71
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	1.3	1.0	0.9	0.9	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.

INVOICE

20848

DATE

9/1/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

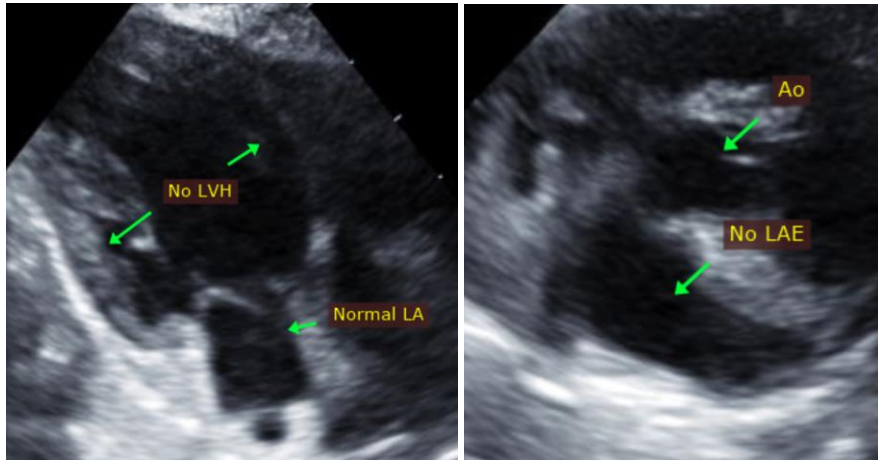
Overtly normal geriatric cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. There is mild remodeling and fibrosis of the left ventricular wall, which is likely a normal variant. No obvious issues are identified.

Given these findings, no medications are indicated. Hypotension is non-cardiac in origin, and systemic issues are considered more likely.

No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised. 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.

Recommend recheck echocardiogram in 1 year to screen for any progressive changes.

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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