

IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

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PATIENT

Hoss Batton

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

4.1.07

WEIGHT

12.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Chadwell Animal
Hospital

REFERRING VET

Dr. Gold

INVOICE

26581

DATE

9.27.22

PRESENTING CLINICAL SIGNS

History: Recheck echo. No abnormalities or changes. Chronic kidney disease and hyperthyroidism.

-Current medications: Methimazole gel pen 5mg BID, Azodyl 1 QD.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (9/2021 MML): Borderline LVH/LVE, mild LAE, no RAE. Suspect early UCM.

-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 remodeled with mild to moderate hypertrophy. No LV dilation. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied with regions of remodeling. 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. Blood flow through the LVOT is laminar and normal in velocity. Blood flow through the RVOT is normal in velocity. No tricuspid regurgitation is noted. No additional valve leaks identified. No evidence of cardiac tumors or effusions in this scan.

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	5.8	NM	0.62	1.63	0.59	59	91
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	1.45	1.45		1.3	2.0	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

Unusual case. These findings are more consistent with hypertrophic cardiomyopathy than were seen previously, with development of LV thickening. The LA is unchanged, indicating relatively low risk for complication at this time. Assuming the thyroid is well controlled, a baseline BP is strongly recommended if not recently assessed. No additional issues are identified.

Even with changes seen here, no medications are indicated at this time.

Monitor at home for any change in RR/RE, syncope or signs of a blood clot event (neurologic change, acute paralysis, etc.). Prognosis is guarded with highly variable rates of progression with subclinical feline heart disease.

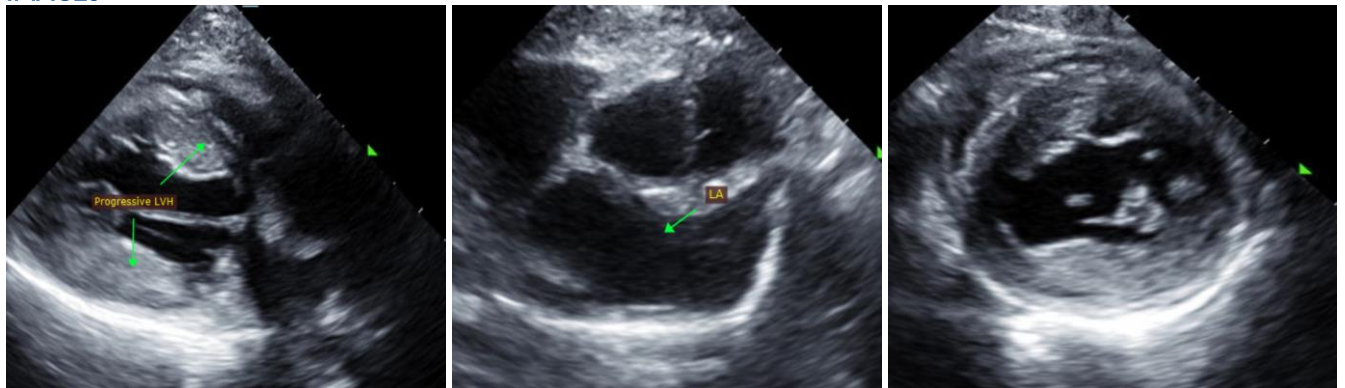
Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

PLAN

Screening blood pressure and T4 are recommended every 6 months.

Recommend recheck echocardiogram in 6-12 months to assess for progression, sooner if any clinical signs arise.

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com