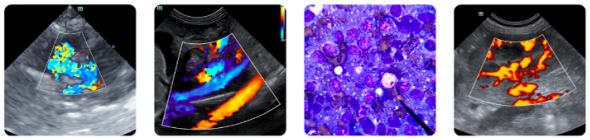

PATIENT

Elle Ziegler Post

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

16 years

WEIGHT

9 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Renee Ziegler Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Ziegler Post

INVOICE

73437

DATE

3/12/26

PRESENTING CLINICAL SIGNS

- Previously was coughing, in first radiograph (sent along for review with echocardiogram) was given convenia and treated symptoms.
- Abnormal proBNP and heart murmur (G3) found on exam today
- Had thyroidectomy 1/23/26
- On 1/17/26 T4 was 6.2- now is 0.8 Phos is 2.2 and Potassium is 3.0, everything else WLN

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is normal in dimension. There are no distinct left atrial thrombi/clots or spontaneous echo contrast appreciated. The left ventricle is normal in dimension, with mild concentric hypertrophy, and no evidence of restriction. Left ventricular systolic function is normal, with adequate contractility. The right atrium and ventricle are subjectively normal in dimension and systolic function. The anterior and posterior mitral and tricuspid valve leaflets presented normal linear structure, extension in systole, and union in diastole without regurgitation. There is no evidence of systolic anterior mitral valve motion documented. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural valvular integrity. The visible aorta is unremarkable. Pulmonary outflow tract assessment revealed normal valve structure, laminar flow, and appropriate diameter and distensibility. There is no evidence of semilunar valve insufficiency or pulmonary hypertension documented. There is no visible pericardial, pleural, or free peritoneal fluid noted.

FELINE CARDIAC PARAMETERS	**BODY WEIGHT** (kg)	**HR** (BPM)	**IVSd** (cm)	**LVIDd** (cm)	**LVWd** (cm)	**FS** (%)	**EF** (%)
NORMAL PARAMETER	------	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	4.11 kg	NM	0.63	0.96	0.63	48	83
FELINE CARDIAC PARAMETERS	**LA/AO** (M-mode)	**LA/AO HEART BASE** (Sisson)	**LAD** LA MAX 4 Chamber		**LVOT VEL.** (m/s)	**RVOT VEL.** (m/s)	**IVRT** (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	NM	1.22	1.16		NM	NM	NM

Adapted from June Boon,Veterinary Echocardiography,1998
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

ULTRASONOGRAPHIC FINDINGS

- These findings identify left ventricular hypertrophy in the absence of an outflow tract obstruction, consistent with hypertrophic cardiomyopathy (HCM). Given the history of recent thyroidectomy and previous hyperthyroidism, a secondary thyrotoxic cardiomyopathy is also considered likely.

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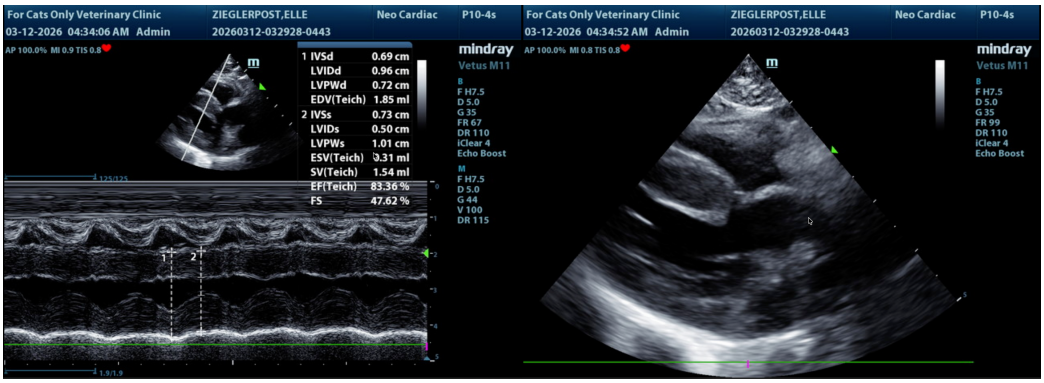
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

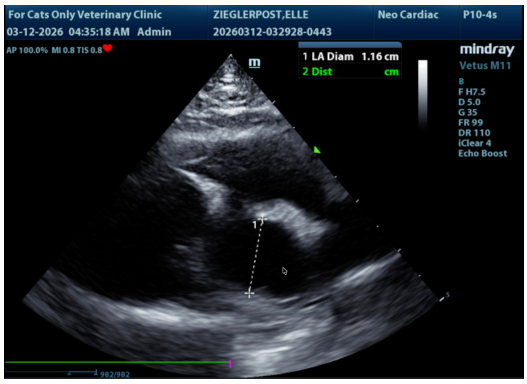
A systemic blood pressure is recommended to rule out systemic hypertension as a cause for the left ventricular hypertrophy, respectively. Given that the hypertrophy is mild and there is no left atrial enlargement, no specific treatment is recommended at this time. A recheck echocardiogram, thoracic radiographs, and blood pressure are recommended in 3-6 months to monitor for progression/improvement with the resolution of hyperthyroidism, or sooner, if new clinical signs are noted. Begin monitoring the resting respiratory rate. A normal respiratory rate is less than 30 breaths per minute; however, the trend in breathing rate is most important. If a progressive increase in respiratory rate is seen, then evaluation by a veterinarian is necessary.

Anesthesia considerations:
If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible (i.e., if not hypotensive). A shorter anesthetic duration will reduce the risk of complications. Pre-oxygenation is advised. Premedication with an opioid (i.e., butorphanol, hydromorphone, oxymorphone) with or without a benzodiazepine is generally the safest protocol. An induction agent such as Propofol, alfaxalone, or diazepam/etomidate can be used to effect. Maintenance of anesthesia with isoflurane or sevoflurane is reasonable.

Diet:
No special considerations are necessary. Any high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina is reasonable.

Activity:
No special considerations are necessary.





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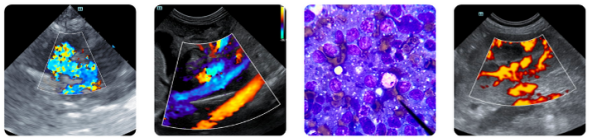

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com