



**PATIENT**

Oscar Mitchell

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

15 Years 2 Months

**WEIGHT**

11.3 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Alex McFeely, DVM

**HOSPITAL NAME**

Straley VA

**REFERRING VET**

Alex McFeely, DVM

**INVOICE**

15938

**DATE**

6/8/22

**PRESENTING CLINICAL SIGNS**

History: Oscar is a hyperthyroid cat who presented in late May 2022 for decreased appetite, PU/PD, and weight loss. Since a previous dental procedure, he has made abnormal chewing and tongue movements, and was scheduled for anesthesia and another dental procedure, last week. Although his T4 level has been stable, an fBNP value was found to be abnormal, so the anesthetic procedure was postponed and a cardiac diagnostic work-up was scheduled. Oscar presented 6/7/22 having taken 50 mg of gabapentin earlier in the morning, then was given 1 mg butorphanol IV/SQ for the cardiac u/s. His blood pressure was normal at 120 mmHg using the doppler unit. He currently takes 5 mg methimazole orally every 12 hours as a maintenance medication and was started on Renal K (potassium supplement) after found to be mildly hypokalemic in late May.

Abnormal PE/Chem/CBC/UA Results: Abnormal fBNP Idexx test on 5/26/22 Mild monocytosis on cbc on 5/24/22 Mildly elevated ALT 115, glucose 255, and mild hypokalemia of 3.5 on 5/24/22

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

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	--	NM	0.45	1.3	0.5	50	--
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Sisson)	LA 2D 4-chamber long axis AS to FW (Sisson) (cm)	LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)	
NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3	40-60	
PATIENT	1.2	1.1	--	--	.80	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							

**Cardiac Presentation**

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. Minor **myocardial** remodeling noted, largely age-related change. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No visible **pericardial** or



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free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum** and **pericardial regions** were free of masses in the visible window. The hepatic veins were not dilated.

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**ULTRASONOGRAPHIC FINDINGS**

- Normal echocardiogram

**BREED**

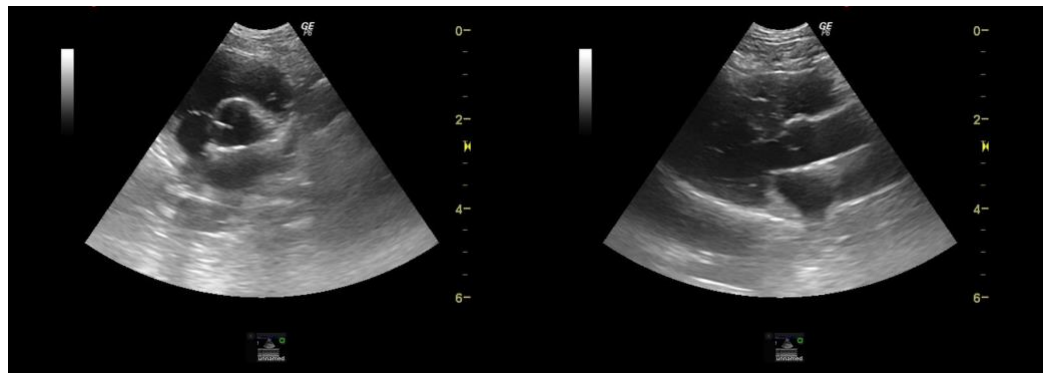
DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of structural disease. Hyperthyroid induced changes may be playing a role in this patient, yet no evidence of clinical disease present. Given the patient history, abdominal sonogram recommended to assess for underlying visceral disease that may be playing a role in the clinical status.

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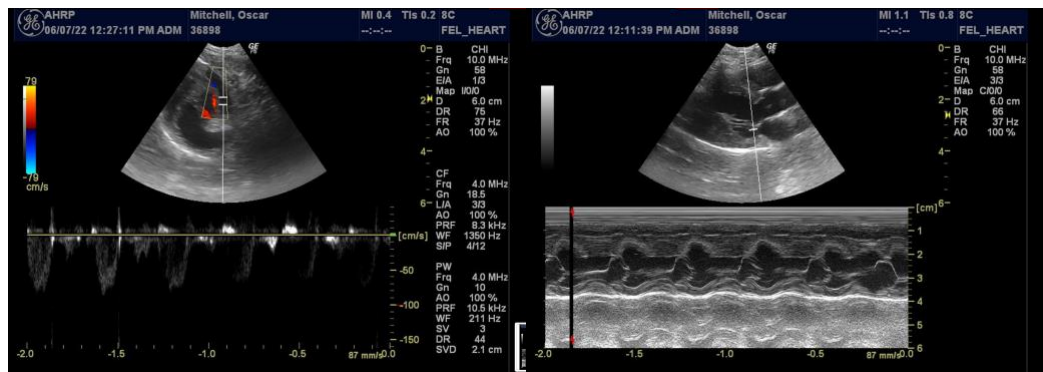


**WEIGHT**

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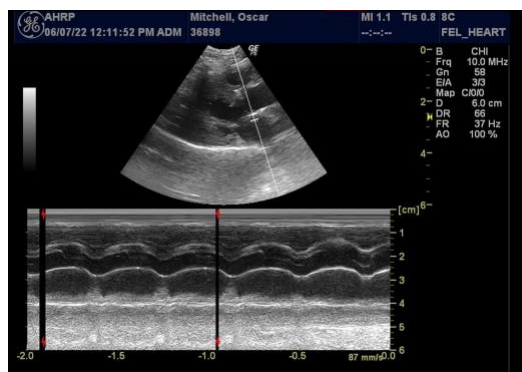


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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