


PATIENT

Buddy Chamberlain

PRESENTING CLINICAL SIGNS

Patient is diagnosed hyperthyroid and on intra dermal methimazole. Dental procedure planned . Body score 4/5.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
BREED

DLH

SEX

Neutered Male

AGE

18 Years

WEIGHT

6.7 kg

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		176	0.62	1.7	0.62	41.2	75.4
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		1.85	1.68		1.4	0.8	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 revealed mild left atrial dilation. Mild to moderate IVS hypertrophy with mild LV free wall hypertrophy was present. Left ventricular internal dimensions were normal. Fractional shortening was adequate in this patient as demonstrated by the fractional shortening measurement above. Suspect systolic anterior motion of the mitral valve present, likely creating some degree of dynamic obstruction to flow in the left ventricular outflow tract with mild secondary mitral regurgitation. Mitral regurgitation velocity of 5.2. The aorta and aortic valve were normal. The right atrial and right ventricular dimensions were normal. The tricuspid valve was sonographically unremarkable without overt evidence of tricuspid valve insufficiency. The pulmonary artery and pulmonic valve were normal. No evidence of pericardial effusion or cardiac masses noted. Subjective mild increased pericardiac fat present.

ULTRASONOGRAPHIC FINDINGS

- Hypertrophic obstructive cardiomyopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy is a rule out diagnosis if the patient is deemed normotensive and euthyroid. However, hyperthyroidism may be contributing to the hypertrophic cardiac changes if unregulated. Overall presentation of the heart including mild left atrial enlargement suggests that the heart is well compensated at this time, and current risk for congestive heart failure or thrombus formation appears to be relatively low.

The current Atenolol may reduce the severity of suspected SAM. However, there is mild risk to using this medication in a patient with mild left atrial enlargement, as its negative inotropic properties could potentially make it easier for a patient to develop congestive heart failure and decompensation. While the cardiac disease at this time appears to be well compensated, consideration of this possible risk is

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP
 (Canine and Feline)

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

 Healthy Paws Forward
 Animal Clinic

REFERRING VET

Dr. Kimura

INVOICE

33721

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warranted. No overt indication for additional cardiac or anti-thrombotic medications at this time. Anesthetic risk is considered elevated in this patient. Likewise, this patient may be at risk for fluid overload.

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If anesthesia is required, the suggested protocol below is recommended judicious IV fluid use. Limited anesthetic time is recommended. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists. Recheck echocardiogram suggested in 6 months, sooner if clinical signs of cardiac decompensation are noted.

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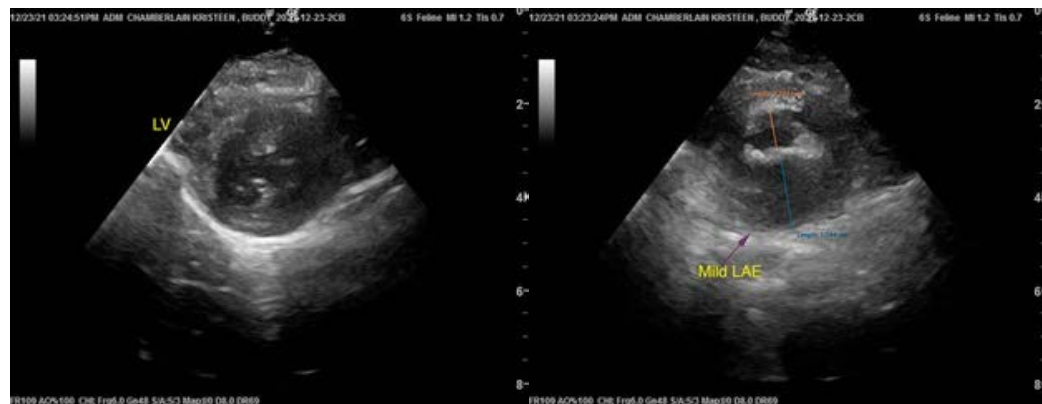
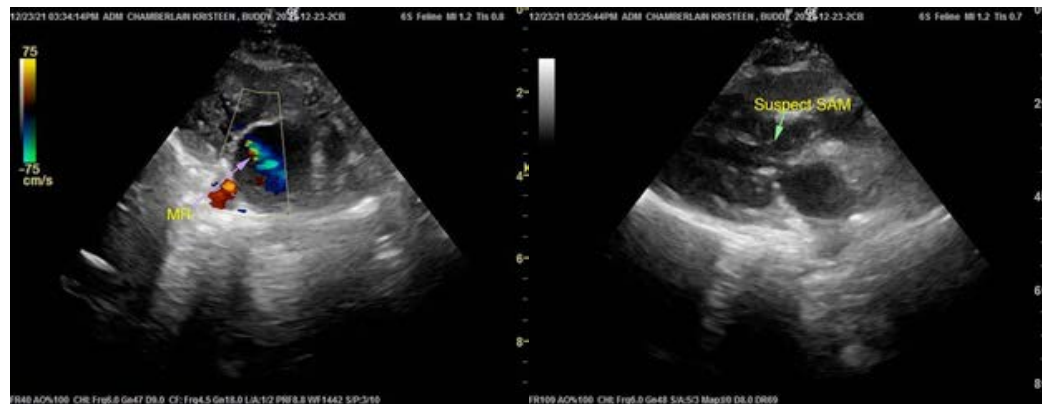
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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