

PATIENT

Saallee Mondlock

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

10.01 Pounds

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Edgewood AC

REFERRING VET

Dr. Callahan

INVOICE

36078

DATE

3/3/36

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:

- DENTAL CALCULI
- SEB CYST ON LEFT SHOULDER

ABNORMAL Labwork Values

- ECG-LEFT AXIS SHIFT
- PRO BNP -ABNORMAL
- CBC/ CHEM -NSF
- T4 1.6
- URINE USG 1.015
- HR/RR/BP: 180/ 60/0
- Is there a Heart Murmur? If so, please grade: NO
- Current Medications: METHIMAZOLE 2.5MG PO SID, BUDESONIDE 2MG EOD
- Notes to Specialist (if any): ANES WORK UP FOR DENTAL CLEANING

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	4.55	NM	0.72	1.32	0.71	43.18	NM
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	1.07	1.44	1.5		1.21	1.4	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							



PATIENT

LVIDs:0.75

Saallee Mondlock

Cardiac Presentation

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

10.01 Pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Edgewood AC

REFERRING VET

Dr. Callahan

INVOICE

36078

DATE

3/3/36

The left atrium is at the upper limits of normal. The mitral valve leaflets are normal and there is no mitral regurgitation. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. There is concentric hypertrophy of the left ventricle. The right atrium is normal. The tricuspid valve is normal without evidence of tricuspid regurgitation. The right ventricle appears to have preserved systolic function subjectively. The aortic and pulmonic valves are normal without evidence of insufficiency. Aortic and pulmonic outflow velocities are within normal limits. The aorta and PA are normal along with the associated PA branches. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Left ventricular concentric hypertrophy
- Left atrium upper limits of normal
- History of hyperthyroidism

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The reported thyroid hormone is within normal limits. If the thyroid has not been controlled for at least 2-3 months, the changes identified may still be secondary to hyperthyroidism. I also recommend ensuring the patient is normotensive as there can be hypertensive phenotypes causing left ventricular hypertrophy. If the thyroid hormone has been controlled for at least three months and the patient is normotensive, then the patient does have underlying HCM.

No cardiac therapies are recommended. The left atrium is at the upper limits of normal. Caution with steroid therapy is advised. The client should be advised to monitor for breathing changes.

Standard perioperative fluid rates should be well-tolerated. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. Anticholinergics can be used in the case of a clinically significant bradyarrhythmia (i.e., bradycardia with concurrent hypotension). If the patient is on an ACEi, recommend not giving this therapy the day of anesthesia.

A recheck echo is recommended in 6 months, sooner if the patient begins to decompensate.



PATIENT

Saallee Mondlock

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

10.01 Pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Edgewood AC

REFERRING VET

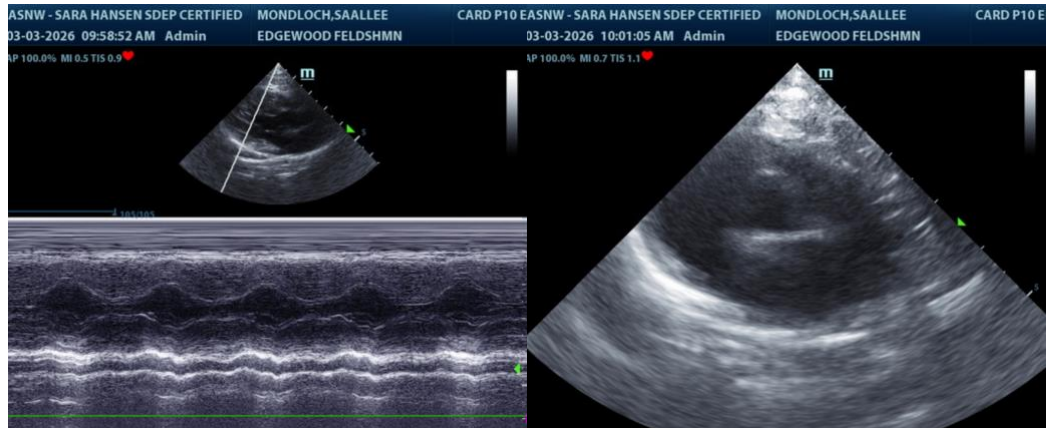
Dr. Callahan

INVOICE

36078

DATE

3/3/36



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.

Sara Brethel DVM, DACVIM (Cardiology)

info@SonoPath.com