



**PATIENT**

Zven Pavlik

**SPECIES**

Feline

**BREED**

Sphynx

**SEX**

Male

**AGE**

19 weeks

**WEIGHT**

4.5lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Potomac Mobile  
Veterinary Ultrasound

**HOSPITAL NAME**

Greenbriar Veterinary  
Hospital

**REFERRING VET**

Dr. Jarrett

**INVOICE**

28414

**DATE**

1/18/23

**PRESENTING CLINICAL SIGNS**

History: Healthy, no cardiac abnormalities on auscultation. Patient was slower to thrive when younger and breeder reports sire is carrier for HCM.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with mild fibrosis. There is a mildly hyperechoic endocardium. False tendon. The papillary muscles appear normal. The left atrium is mildly dilated. The mitral valve is normal in structure and mobility. No MR. The right atrium is normal. The right ventricle is normal. No TR. Blood flow through the LVOT and RVOT is normal. No pleural or pericardial effusion seen. No obvious cardiac tumors.

**CARDIAC CHART**

| FELINE CARDIAC PARAMETERS | BODY WEIGHT (kg) | HR (BPM)                        | IVSd (cm) (Moise, Pipers)                | LVIDd (cm) (Moise, Pipers) | LWVd (cm) (Moise, Pipers) | FS (%)         | EF (%)      |
|---------------------------|------------------|---------------------------------|--|----------------------------|---------------------------|----------------|-------------|
| NORMAL PARAMETER          | -----            | 150-240                         | 0.35-0.55                                | <2 (mean 1.5)              | 3.5-0.55                  | 35-67          | 80-100      |
| PATIENT                   | 2.0              | 227                             | 0.41                                     | 1.3                        | 0.40                      | 60             | 92          |
| FELINE CARDIAC PARAMETERS | LA/AO (Boon)     | LA/AO HEART BASE (Swe) (Abbott) | LA 2D short axis Base view (cm) (Abbott) |                            | 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               | 1.7                             | 1.2                                      |                            | 1.64                      | 1.07           | NM          |

*\*Note: All measurements based upon multi-modal images and methods. An average value is reported.  
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**

The primary abnormality identified is mild left atrial enlargement for this body size, which is concerning in a young kitten. A normal variant is possible; however, follow up for any progressive changes is strongly recommended. No obvious LV hypertrophy is appreciated at this time. A BNP value may be useful in this cat for serial monitoring. No additional issues are identified, and no congenital shunts are visualized.

Given these findings, no medications are indicated at this time. Monitor for any signs of progressive heart disease at home including change in breathing rate or effort, signs of a blood clot event and/or lethargy/syncope going forward.

Anesthetic risk is considered mildly elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol would include opioid/benzodiazepine pre-medication, propofol induction, isoflurane gas. Avoid steroids if possible.



**PATIENT**

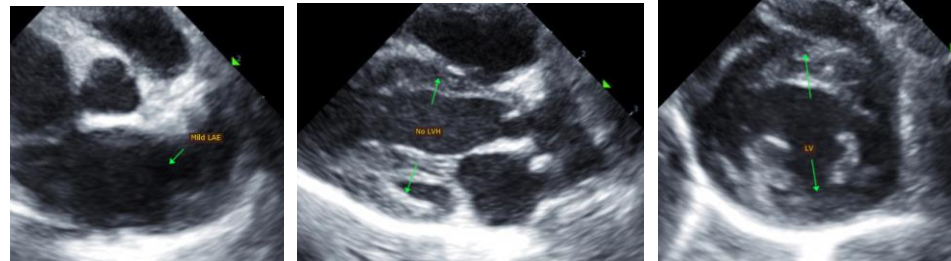
Zven Pavlik

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

**SPECIES**

Feline

**IMAGES**



**BREED**

Sphynx

**SEX**

Male

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.

**AGE**

19 weeks

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.

**WEIGHT**

4.5lbs

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

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