



**PATIENT**

Casanova Brooks

**SPECIES**

Feline

**BREED**

Sphynx

**SEX**

Male Neutered

**AGE**

16 years

**WEIGHT**

8.8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

Headon Forest  
Animal Hospital

**REFERRING VET**

Dr. Monsjou

**INVOICE**

28083

**DATE**

1/4/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Grade 1/6 heart murmur.  
-Pertinent previous echo findings (1/2021 MML): Irregular LV, borderline LVH, mild LAE, RVOTO. IVSd: 0.59, LVWd: 0.57, LA: 1.38.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is somewhat irregular with borderline thickness. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium also appears remodeled. Mild papillary muscle hypertrophy. The left atrium is mildly dilated and bulbous in appearance. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. No TR. Normal velocity. Blood flow through both the LVOT and RVOT are normal in velocity on Doppler; however, the RVOT appears turbulent on color flow. No obvious cardiac tumors identified. No effusions.

**CARDIAC CHART**

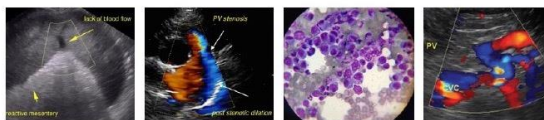
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.0	150	0.57	1.45	0.55	46	81
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO 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	1.1	1.4	1.4		1.0	0.8	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> Adapted from June Boon, Veterinary Echocardiography, 1998 Abbott J &amp; 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.</p>							

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Compared to the prior study, findings are similar. The LV wall dimension remains borderline without progressive hypertrophy. The LA is mildly dilated; however, no additional issues are identified.

Given these findings, no medications remain indicated. Prognosis remains guarded prior to continued assessment for progression.

Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.



**PATIENT**

Casanova Brooks

Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

**SPECIES**

Feline

**PLAN**

Monitor BP/T4 every 6 months.

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of progression, sooner if clinical issues arise.

**BREED**

Sphynx

**IMAGES**

**SEX**

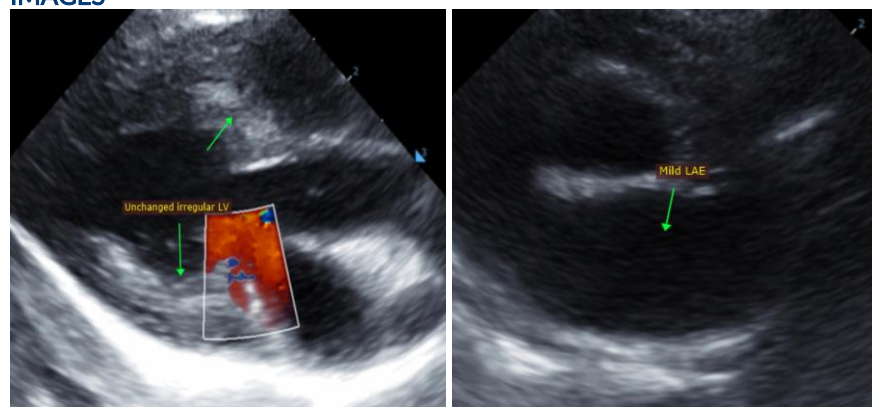
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**IMAGING  
PERFORMED BY**

Kelly Reschny, RVT

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.

Maggie Machen Lamy, DVM

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