



**PATIENT**

Cassanova Brooks

**SPECIES**

Feline

**BREED**

Sphynx

**SEX**

Male Neutered

**AGE**

18 years

**WEIGHT**

7.1lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

Novel Vet Clinic

**REFERRING VET**

Dr. Gibbs

**INVOICE**

46342

**DATE**

1/8/26

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Hematuria. Stage 1-2 kidney disease stage 1-2. Coughing fluid occasionally. Chronic URI for 3 years. History of asthma. Losing weight. On Gabapentin, Solensia, fluids daily. -Pertinent previous echo findings (2023 MML): Mild LVH (0.67/0.56cm), normal LA (1.2cm).

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall thickness is irregular, with basilar septal and free wall hypertrophy contrasting apical thinning. Mild LV dysfunction. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is moderate left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. Mild central MR. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

**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	3.2	120	0.62	1.4	0.68	38	71
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	1.6	1.7	1.6		0.7	0.8	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**

Unfortunately, this study does document evidence of progression. There is now moderate left atrial enlargement (previously normal) despite unchanged LV wall dimensions. This would suggest there is risk for complication going forward. The LV function is also mildly depressed, which should be monitoring going forward. No additional issues are identified.

Given these findings, use of Plavix and an ACEI are now recommended. It is important to note that no medications have been proven to change outcome at this stage of disease however, and if the patient is difficult to medicate simple monitoring may be reasonable. Discussion with the owner is advised.

Unfortunately, there is risk for progression to CHF, malignant arrhythmias, blood clot events and/or sudden death going forward. Monitor for associated clinical signs, including respiratory changes, signs of a blood clot, etc.



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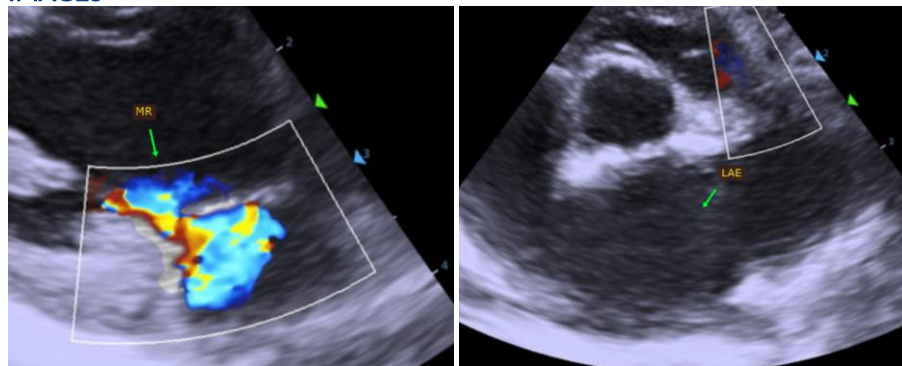
Prognosis is guarded due to the highly variable rates of progression with subclinical HCM.

**PLAN**

Baseline BP and T4 are recommended. Consider ACE 0.5mg/kg PO q12h, Plavix 18.75mg PO q24h (NOTE: Medication is very bitter along the cut edge and may cause foaming at the mouth; wrap in entirety).

Monitoring echocardiogram, BP and thyroid status every 6 months is recommended lifelong to assess for progression, sooner if clinical signs arise in the interim.

**IMAGES**



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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.

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.

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