



PATIENT

Max Hillard

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

9.6 years

WEIGHT

13.88lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline Animal
Hospital

REFERRING VET

Dr. Fleming

INVOICE

46364

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History: Increased water intake/urination. Indoor/outdoor hunter. Heavily sedated; limited exam, fractious.

-Lab work: NSF with no overt etiology for progressive chronic intermittent vomiting. Possibly very early CKD. CBC: HCT 46, platelets 97 (d/t platelet clumping) CHEM: BUN 32, creatinine 1.8, SDMA 14.6, mild hyperglycemia 172, mild hyperalbuminemia 4.1, normal precision PSL 26, T4: 2.1 UA: USG 1.030

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 170bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS is inverted. The MEA is indeterminant. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension. There is a mildly hyperechoic endocardium consistent with fibrosis. Mild remodeling. The papillary muscles are normal in size. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR. The tricuspid valve appears normal in structure and mobility. Trace TR. Normal velocity. Both the LVOT and RVOT velocity is normal. No AI. No effusions. No obvious cardiac tumors.

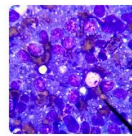
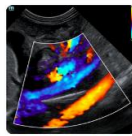
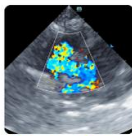
CARDIAC CHART

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	6.3	175	0.58	1.3	0.58	67	95
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	1.2	1.2		1.7	1.5	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 only abnormality identified is borderline LV wall thickness, which may reflect early HCM phenotype. That being said, a normal variant is possible or pseudohypertrophy can have this appearance. This patient is mildly volume depleted, which may be contributing. Regardless, what is seen here is mild Routine baseline BP and T4 monitoring is advised. Mild fibrosis of the left ventricular wall is noted. Flow through the great vessels is normal, and no significant pathology is appreciated. The ECG is unremarkable with a normal sinus tachycardia.



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Given these findings and a normal LA dimension, no medications are indicated.

No cardiac contraindication for general anesthesia. Should fluid or steroid therapy be indicated in the future, any cat should be monitored for intolerance (changes in RR/RE).

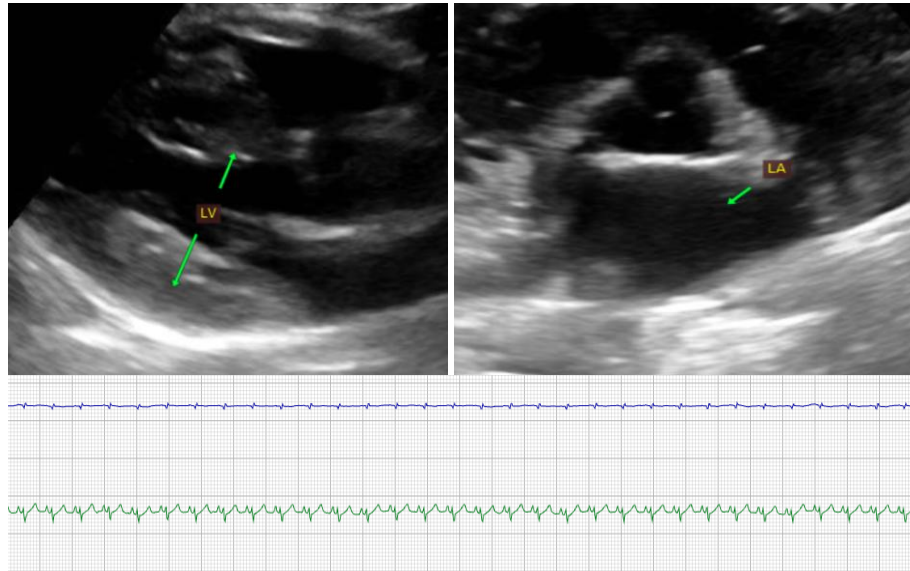
Monitor at home for signs of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes).

PLAN

Baseline BP and T4 are recommended every 6 months.

Recommend recheck echocardiogram in 6-12 months to screen for any progressive issues.

IMAGES



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.

Maggie Machen Lamy, DVM
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