



**PATIENT**

Smudge Brochu

**SPECIES**

Feline

**BREED**

Siamese Mix

**SEX**

Male Neutered

**AGE**

1 year

**WEIGHT**

6.4lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

Main Street Animal  
Hospital

**REFERRING VET**

Dr. Bruchu

**INVOICE**

21319

**DATE**

10/1/21

**PRESENTING CLINICAL SIGNS**

History: History of cerebellar hypoplasia and rectal prolapse since kitten. Acute onset blindness. Normal thoracic auscultation, bloodwork, urinalysis. Systemic hypertension (systolic range between 190-210, HR 118-129 bpm) - very relaxed for readings. Following hypertension diagnosis started on amlodipine, first week 0.625 mg PO SID. Systolic range 150-160, HR 120-124 bpm, very relaxed for readings, second week 1.25 mg PO SID. Systolic range 155-175, HR 165-175 bpm, not as relaxed during readings as previously, readings done multiple times, most consistent interval series reported currently on: Amlodipine 1.25 mg SID between 7-9pm.

Needs to have anesthesia for dental work done.

-Abnormal lab results: Bloodwork: NSF. UA/USG: 1.050, proteinuria

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The endocardium is normal. The papillary muscles are normal. 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. Trace TR. Blood flow through both the LVOT and RVOT is normal in velocity. 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)	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	2.9	170	0.38	1.2	0.39	44	78
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	1.3	1.1		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**

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. No concerning findings in a 1-year-old cat.

The history of systemic hypertension and acute blindness is highly concerning and likely reflects a neurologic or systemic issue. It is important to note that SHT is typically not caused by structural disease; rather LV hypertrophy and secondary cardiac changes develop with chronic SHT. Further screening is advised including full abdominal workup to look for causes of underlying hypertension. Proteinuria is noted on the lab work and additional therapy may be warranted. Highly recommend an Internal Medicine consultation in this case.



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Given these findings, no medications are indicated.

No cardiac contraindication for general anesthesia.

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Recommend recheck echocardiogram should a murmur, gallop or signs of cardiac disease be noted in the future. Alternatively, annual screenings are reasonable in any cat predisposed to structural disease.

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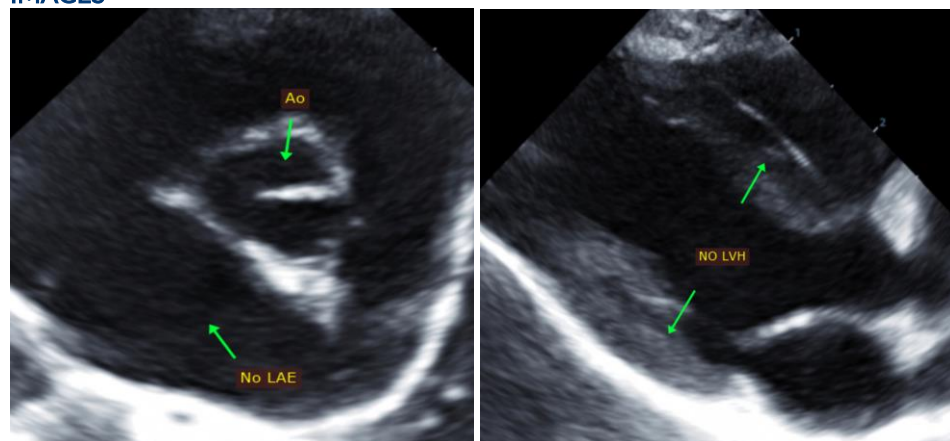
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**IMAGES**



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.

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

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.

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
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