



**PATIENT**

Kerbau Lee

**SPECIES**

Feline

**BREED**

Sphynx

**SEX**

Female Spayed

**AGE**

2 years

**WEIGHT**

11.8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Dana Alterman,  
RDCS, LVT

**HOSPITAL NAME**

Eubank Animal Clinic

**REFERRING VET**

Dr. Nolan

**INVOICE**

**DATE**

11/1/21

**PRESENTING CLINICAL SIGNS**

History: Recheck echo.

-Pertinent previous echo findings (5/2021 MML): Suspect LVOTO; doppler >1.7m/s. LA: 1.1, IVSd: 0.59, LVWd: 0.59.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension. There is mildly hyperechoic endocardium. The endocardium also appears mildly remodeled. The MV appears normal. Aortic outflow velocity appears normal. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. There is no pleural or pericardial effusion seen. There are 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	5.4	NM	0.58	1.5	0.59	50	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	1.2	1.1		1.2	NM	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**

Unchanged structural findings. The LV wall dimensions remain on the high end of the normal range with no obvious explanation identified. The LA is unchanged and no significant LVOTO is appreciated. No additional issues are identified.

Continued follow up is advised, particularly given the breed predisposition for development of HCM. No medications are indicated at this time and prognosis remains open long term.

Anesthetic risk is currently low. Avoid heart rate stimulating drugs (atropine, glycopyrrolate) unless clinically necessary. Avoid vasodilators such as acepromazine as this can worsen obstruction. Judicious IV fluid rates are recommended to avoid fluid overload in this patient with diastolic dysfunction.

A recheck echocardiogram is recommended annually, sooner if any clinical signs arise.



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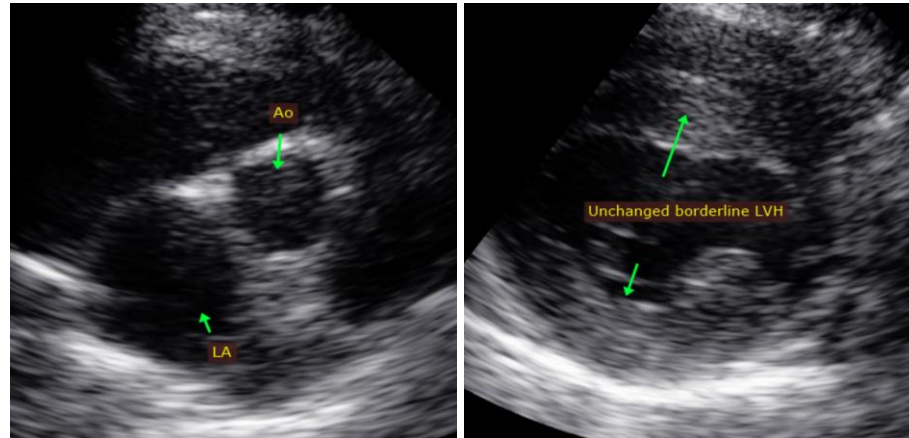
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**IMAGES**



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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.

**Maggie Machen Lamy, DVM**  
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