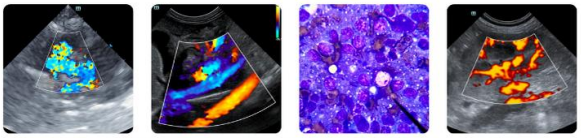

PATIENT

DaiCong Yoon

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

4 years

WEIGHT

NP

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Meghan Morse LVT, CVT

HOSPITAL NAME

Englewood Cliffs VH

REFERRING VET

Dr. Atttanasi

INVOICE

45710

DATE

11/11/25

PRESENTING CLINICAL SIGNS

History: Recheck echo – history of HCM. Assess prior to dental.
-Pertinent previous echo findings (10/2024 Oradell): IVSd; 0.53, LVWd: 0.49, LA: 1.3, LA/AO: 1.2. Equivocal septal thickening; remainder NSF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is remodeled with a borderline focal septal dimension. The remainder of the LV wall measures normal. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. 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 the RVOT and LVOT 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	NP	NM	0.56	1.3	0.50	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	1.4	1.2	1.2		1.2	1.1	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

Borderline septal hypertrophy is present, which was noted previously. Compared to the prior report, there is no evidence of progression. The remainder of the study is unremarkable with a normal left atrium and no significant valve regurgitation.

Given these findings, no medications are indicated. Prognosis is open. It should be noted that the previous echo showed similar results, with an equivocal septal thickening. Whether these findings reflect early HCM or simply a normal variant depends on progressive changes. It does appear that this mild abnormality has not progressed over time, suggesting this may very well be this patient's normal. Periodic monitoring is advised.

Anesthetic risk is mild, however any cat with this degree of fibrosis and diastolic dysfunction will be at risk for iatrogenic IV fluid overload should they be needed in the future.

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

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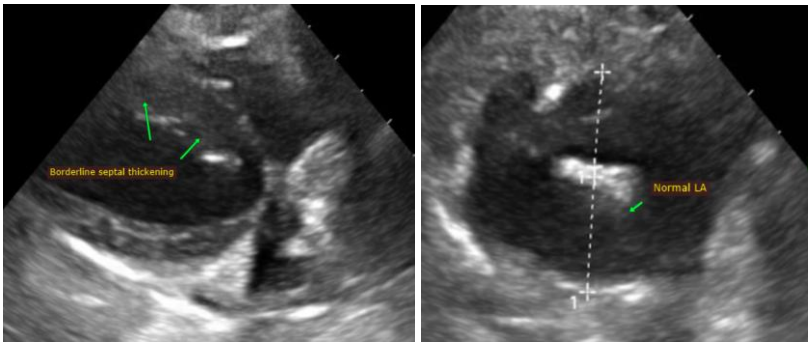
A recheck echocardiogram is recommended annually, sooner if clinical signs arise.

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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