



PATIENT

Yam A59036602

SPECIES

Feline

BREED

DSH

SEX

Female Intact

AGE

4 months

WEIGHT

3.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

A. Nicastro, DVM

HOSPITAL NAME

St Francis Animal
Center

REFERRING VET

Dr. O'Sullivan

INVOICE

45725

DATE

11/12/25

PRESENTING CLINICAL SIGNS

History: No murmur. Pre-meds for spay: Ttelazol, Torb, Dexdomitor - became hypoxic/dyspneic (no fluids given). Anesthetics reversed. CXR taken and showed lobar pattern, possible "valentine heart". Purulent material on E-tube on extubation which was cultured - came back as oropharyngeal contamination. Cytology unremarkable; treated with Clavaxom and Provable. Breathing improved.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only. Normal cardiac silhouette. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The endocardium appears normal. The papillary muscles are normal in size and architecture. 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 seen. Normal flow through both the RVOT and LVOT. Trace/mild double jet of TR. Normal velocity. No AI or PI. No congenital defects are observed. 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	1.6	NM	0.39	1.1	0.36	50	85
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	1.3	1.2	0.9		1.0	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

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. Trace/mild TR is noted, which is typically benign in cats. Monitoring is advised should a murmur develop in the future. No significant valve leaks are identified, and flow through the great vessels is normal. No obvious congenital issues are documented.

These findings do not explain the anesthetic event, which is likely due to either a drug reaction or potentially a respiratory issue.

Given these findings, no medications are indicated. It is important to note that phenotypic HCM can develop at any phase of life in cats (particularly in this predisposed breed) and often does not



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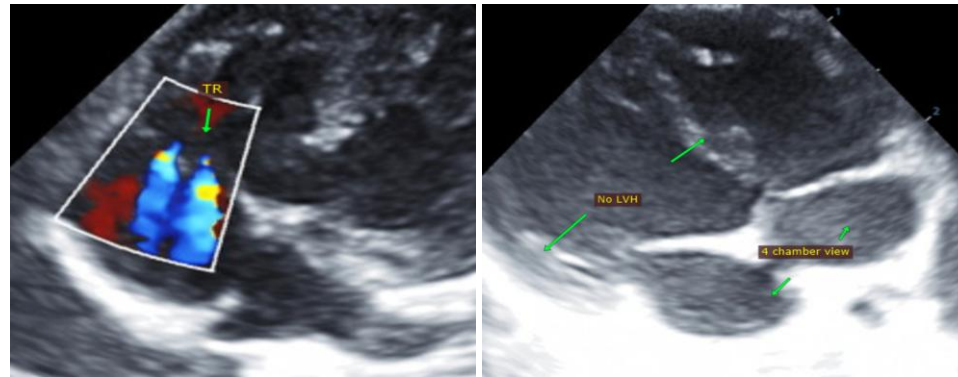
11/12/25

accompany a heart murmur or PE abnormalities. Periodic screening is ideally recommended in all cats.

No cardiac contraindication for general anesthesia at this time.

Recommend recheck echocardiogram in 1 year to assess for development of disease, sooner if a murmur/gallop or clinical signs develop in the interim.

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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