



PATIENT

Ginger Wong

SPECIES

Feline

BREED

British SH

SEX

Male Neutered

AGE

11 years

WEIGHT

6.24kgs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Nigel Gumley, DVM

HOSPITAL NAME

Cedarview Animal
Hospital

REFERRING VET

Dr. Irwin

INVOICE

45742

DATE

11/13/25

PRESENTING CLINICAL SIGNS

History: Presented for limping. Fall off the table while sleeping, then rolled on the floor, after rolling was vocalizing. This was about 2 to 3 weeks ago But has happened on two other occasions as well since then 2nd episode - he was on the table sleeping 3rd episode as well he was on the floor walking around, fell on the floor, was rolling around, then trying to grab the couch. Vocalizing after each episode. Limping seems to be in the hind end but resolves after about 30 seconds. No obvious drooling or no U/BM during episode. No murmur. Elevated BNP: 113. BP: 129, 132, 132mmHg.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Trace TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. Trace MR. No significant AI or PI. There is no pericardial effusion noted. No pleural effusion appreciated. 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	6.2	150	0.63	1.0	0.64	44	81
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		1.0	0.6	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

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both have been considered in this case suggesting primary disease is likely. Regardless, the degree of disease is mild, with only mild LVH and no LA dilation. This would indicate the risk for clinical issues is low at this time. Trace MR and TR appear hemodynamically insignificant. No additional pathology is identified.

Even with mild changes seen here, these are unlikely related to the reported episodes. Cardiogenic syncope typically occurs at times of activity or stress, which is not the case here. Further workup is recommended. An ECG may be helpful, although maybe of limited utility. Consider neurologic evaluation if appropriate.



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No medications are indicated prior to significant atrial dilation. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM.

SPECIES

Feline

Prognosis is guarded, given the highly variable rates of progression with subclinical feline cardiomyopathy. Many cats will remain asymptomatic for a period of years, while others progress to clinical compromise sooner. Close monitoring for progressive LA dilation in the future will help determine long term outcome.

BREED

British SH

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).

SEX

Male Neutered

Anesthetic risk is considered mildly elevated; however, judicious fluid administration is advised if needed with careful monitoring to screen for fluid overload. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Avoid ketamine, telazol, acepromazine and Dexdomitor. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine).

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Risk for complication with steroid or fluid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

WEIGHT

6.24kgs

PLAN

A screening blood pressure and T4 are recommended every 6 months lifelong.

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Maggie Machen Lamy,
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A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if any issues arise in the interim.

IMAGING PERFORMED BY

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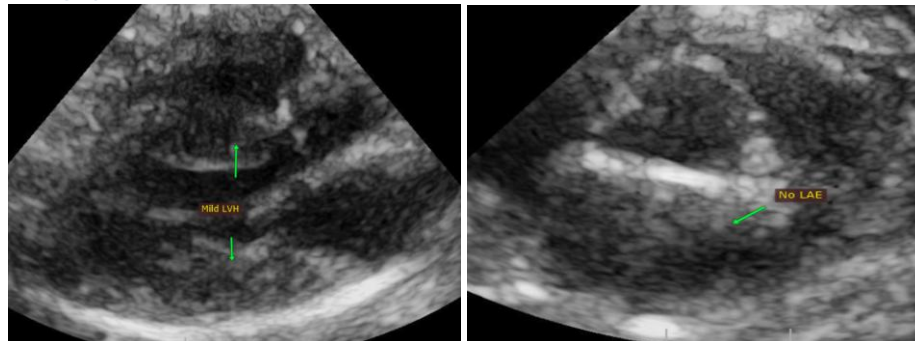
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IMAGES



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.

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.

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