

PATIENT

Clement Dussaq

SPECIES

Feline

BREED

Bengal

SEX

Male Neutered

AGE

4.7 years

WEIGHT

13.73lbs

PRESENTING CLINICAL SIGNS

History: Sedated for scan. Pt presented to ER on 11/18/25 for lethargy, abdominal twitching/tremors, and hyporexia. O was out of town for 9 days and returned on 11/16/25. Pet sitter noted normal appetite for the first 5 days with decreased appetite 2 days prior to O returning. Pt had minimal appetite on 11/16/25 with improved but moderate hyporexia through today. O noticed abdominal twitching/tremors only after stressful stimulus such as other household cat hissing at pt after returning from hospital or after strenuous activity/when pt jumps onto O's lap. Pt does not have tremors when asleep. No significant improvement in tremors or hyporexia after O started gabapentin liquid (unknown strength) this AM - administered q8h. No known trauma, toxin exposure, or foreign body ingestion. No C/S/V/D. No PU/PD/PP. Diet: Blue Buffalo dry with churro wet treats Environment: Indoor only; 2 other household cats (generally gets along well) Medications: Gabapentin q8h - unknown strength No current supplements or preventatives ER notes - Severe tachycardia (HR 240), twitching/tremors, and bounding pulses noted on PE - improved after butorphanol administration . Hyporexia, Thoracic/body tremor synchronous with cardiac impulse
-Abnormal PE/Chem/CBC/UA Results: Radiographs showed normal thoracic structures, normal peritoneal detail, left kidney normal, and right kidney not visualized (small kidney vs hypoplasia vs superimposition). A small oval mineral opacity in the mid-abdomen. Abdominal gas pattern was nonspecific and consistent with mild enteritis/enteropathy. - CBC and chemistry were largely unremarkable except for lymphopenia (stress leukogram). ProBNP was normal. - Cardiology review of ECG showed sinus rhythm, increased R-wave amplitude and QRS duration, and mild right axis deviation, which may suggest ventricular enlargement but could also be positional, breed-related, or incidental. Cardiac medication was not recommended, and echocardiography was suggested only if clinical signs persist.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 160bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS is inverted. The MEA is shifted right. No ectopic beats, pauses or dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm. Right axis deviation.

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

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. No obvious TR, AI or PI. No congenital defects are observed. No pleural or pericardial effusion seen. No obvious cardiac tumors.

HOSPITAL NAME

VCA Feline Animal
Hospital

REFERRING VET

Dr. Fleming

CARDIAC CHART

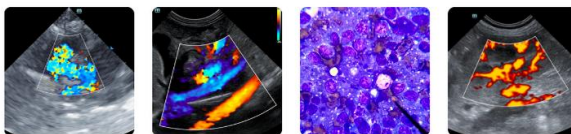
INVOICE

45875

DATE

11/20/25

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	146	0.45	1.2	0.48	57	90
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)



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NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9
PATIENT	NM	1.0	1.1	0.8	0.7	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. No significant valve leaks are identified, and flow through the great vessels is normal. No obvious congenital issues are documented.

The ECG is largely normal with a sinus rhythm. A right axis deviation, while somewhat uncommon in a relatively young cat, is a benign conduction abnormality. No treatment or follow up is necessary.

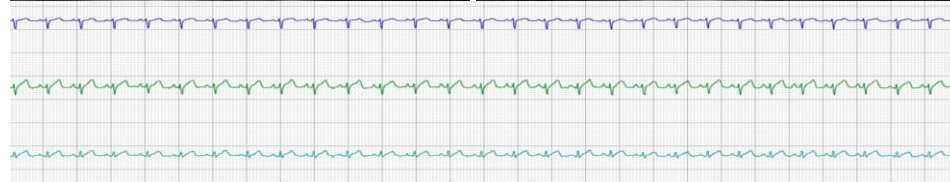
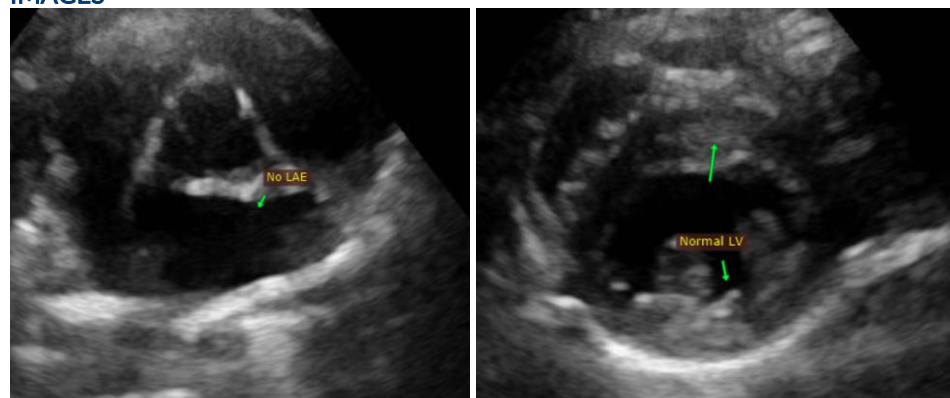
Certainly, no contribution to the clinical issues is suspected to be cardiogenic in origin. Further systemic workup is advised.

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 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.

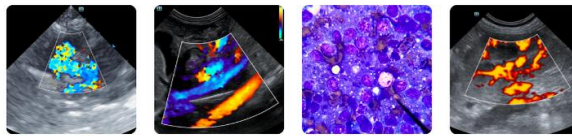
IMAGES



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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.

SPECIES

Feline

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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Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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