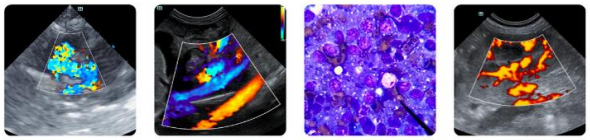

PATIENT

Teddy Fugazzotto

SPECIES

Feline

BREED

Ragdoll

SEX

Male Neutered

AGE

1 year

WEIGHT

9.6lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Melissa Weisman, DVM

HOSPITAL NAME

Minnesota Veterinary Ultrasound

REFERRING VET

Dr. Weisman

INVOICE

46800

DATE

2/11/26

PRESENTING CLINICAL SIGNS

History: Genetic tested, has 1 copy of HCM gene. Heart murmur recently diagnosed - otherwise PE unremarkable. Sedated with Gabapentin.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with a mild focal septal hypertrophy. The endocardium and papillary muscles appear normal. 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 both the LVOT and RVOT 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	4.4	190	0.64	1.2	0.46	47	82
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	1.1	1.0		0.9	0.94	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

The only abnormality identified is mild septal hypertrophy. While this may reflect an early form of HCM (segmental hypertrophy), a normal variant is also possible. That being said, a genetic predisposition certainly heightens concern. Monitoring for progression is advised. There is no evidence of elevated left atrial pressure and no additional issues identified.

Given these findings, no medications are indicated.

Regarding the newly available drug Felycin-CA1: Recent data reports that Felycin-CA1 may improve the degree of LV hypertrophy in some cats with naturally occurring subclinical HCM. The clinical benefit is currently unknown and is still being investigated. The HALT trial is actively enrolling HCM cats all over the US in order to acquire prospective data on a larger sample size of cats. Should you wish to use the medication, the published dose is 0.3mg/kg weekly, and the drug should be avoided in cats with advanced cardiac changes, diabetes, non-healing wounds, active infections or liver disease. The

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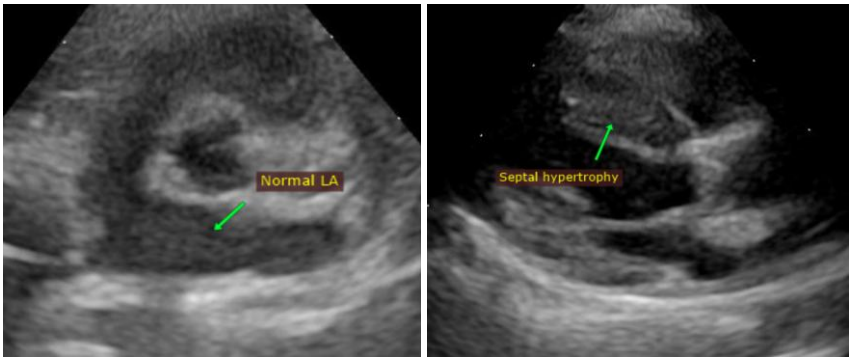
medication is an immunosuppressant, and should be used with caution. For further information, please visit www.triviumvet.com.

Prognosis is guarded in this young cat and certainly monitoring is advised. There is risk for progression and development of HCM phenotype going forward.

No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised.

Recommend recheck echocardiogram in 1 year to assess for progression, sooner if a murmur or gallop rhythm develops 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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