



PATIENT **PRESENTING CLINICAL SIGNS**
Wolfie Ross History: Panting when playing per owner. No murmur. Sedated with DKT for study due to significant aggression. No BP obtained.

SPECIES **ECHOCARDIOGRAM FINDINGS**
 Feline 2D, m-mode, color flow and Doppler imaging is available.
BREED **Left ventricle:** The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are normal. There is a mildly hyperechoic endocardium consistent with fibrosis. Papillary muscles appear normal.
 DSH **Left atrium:** The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.
SEX **Mitral valve:** The mitral valve is normal in structure and mobility with no MR seen. No obvious systolic anterior motion is seen.
 Male Neutered **Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace aortic insufficiency.
AGE **Right ventricle:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.
 2.2 years **Right atrium:** The right atrium is normal in dimension.
WEIGHT **Tricuspid valve:** The tricuspid valve appears normal with trace tricuspid regurgitation.
 16.07lbs **Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 140bpm.

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	1.2
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.49
LVID diastole (cm)	1.6
PW thickness (cm)	0.43
LVID systole (cm)	0.7
FS (%)	44

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	0.7
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

INTERPRETATION OF THE FINDINGS

HOSPITAL NAME Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. A small aortic leak is noted and ideally a baseline blood pressure would be assessed. No obvious congenital issues are identified.
 Rhode Island Animal Medical Center

REFERRING VET Given these findings, panting with exercise is certainly noncardiac in origin. Consider other possibilities, such as underlying respiratory issues. 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.
 Dr. Rogoff

INVOICE 22535
 In the future, avoiding Alpha-2 agonists is ideally recommended in order to obtain an accurate echocardiographic assessment. Fortunately no significant abnormalities are seen here.

DATE
 2/13/22



PATIENT

Wolfie Ross

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

2.2 years

WEIGHT

16.07lbs

INTERPRETED BY

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 Lamy, DVM
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

HOSPITAL NAME

Rhode Island Animal
 Medical Center

REFERRING VET

Dr. Rogoff

INVOICE

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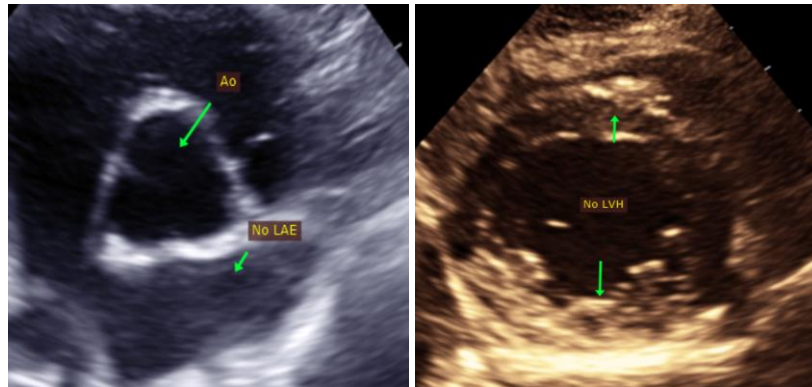
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

Recommend recheck echocardiogram, sooner if a murmur, gallop or signs of cardiac compromise are noted.

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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