



PATIENT

Snowball Streed

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

17.6 years

WEIGHT

8.09lbs; 3.7kgs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia St-Jacques,
LVT/RVT

HOSPITAL NAME

Animal Medical
Center of Reno

REFERRING VET

Dr. Taomina

INVOICE

22590

DATE

2/15/22

PRESENTING CLINICAL SIGNS

History: Presented for chronic vomiting. Grade 4-5/6 heart murmur on exam.
BP: 170, 160, 150mmHg.
-Abnormal lab results: NSF.
-CXR report: Cardiomegaly. No CHF.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 50mm/s, 10mm/mV. The average heart rate is 210bpm (range is 200-250bpm). 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 morphology is positive with normal dimension. No ectopic beats, pauses or dysrhythmias observed. ECG diagnosis: Normal sinus tachycardia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with moderate septal and mild free wall hypertrophy. 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. Mildly elevated RVOT velocity. No TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. 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	3.7	NM	0.8	1.1	0.6	60	92
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	1.1	1.2	2.4	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. In this particular cat, both have been ruled out suggesting primary disease is present. The degree of disease is mild, with only mild to moderate LVH and no LA dilation. This would indicate the risk for clinical issues is low at this time. The murmur is benign in origin due to a dynamic RVOT obstruction. This will wax and wane depending on heart rate and volume status. No additional issues are identified, and the ECG is unremarkable.



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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.

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Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid 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.

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PLAN

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

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

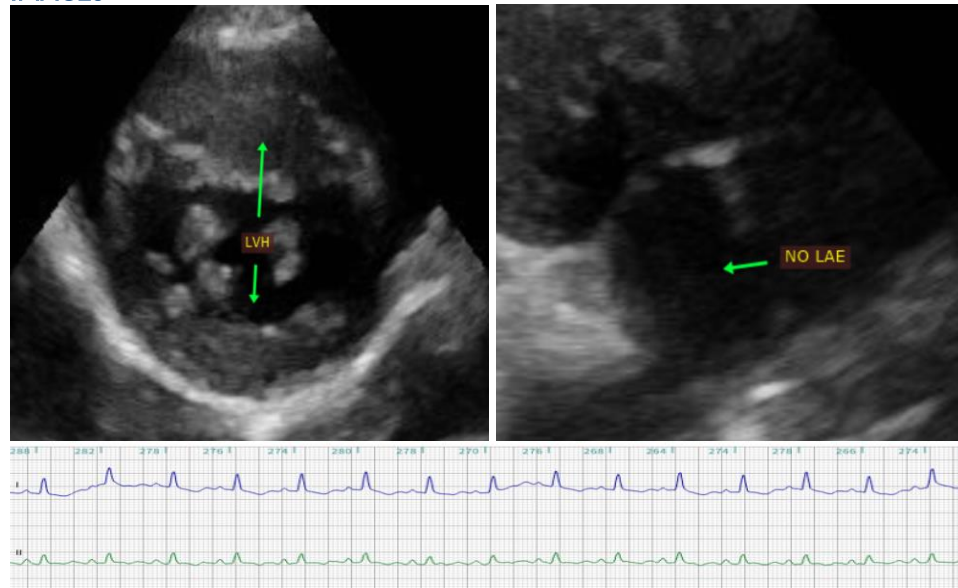
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IMAGES

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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.

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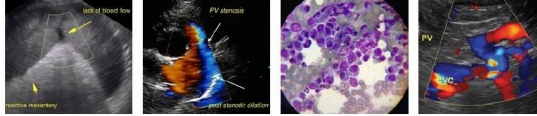
22590

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.

DATE

2/15/22

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