



PATIENT

KingsleyHaynes

SPECIES

Feline

BREED

British LH

SEX

Female Spayed

AGE

8 months

WEIGHT

7.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

K. Kicker, DVM

HOSPITAL NAME

Wauwatosa Vet

REFERRING VET

Dr. Haynes

INVOICE

29149

DATE

2/21/23

PRESENTING CLINICAL SIGNS

History: Screening for HCM due to breed predisposition. No abnormal physical exam findings.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is symmetrical yet borderline in dimension. False tendon. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles appear mildly increased in size. 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. Normal flow through both the RVOT and LVOT. No obvious AI or PI. 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)	LWVd (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	3.3	165	0.50	1.4	0.50	44	79
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	1.4	1.0	0.9		1.3	0.84	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

Patient is equivocal for hypertrophic disease. The LV wall thickness is borderline, with concern for mild papillary muscle changes as well. A normal variant is not ruled out; however, monitoring for progression is recommended in this juvenile cat. There is no evidence of elevated left atrial pressure. No obvious congenital issues are documented.

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.

Recommend recheck echocardiogram in 6-12 months to screen for progression, sooner if a murmur/gallop or clinical signs develop in the interim.



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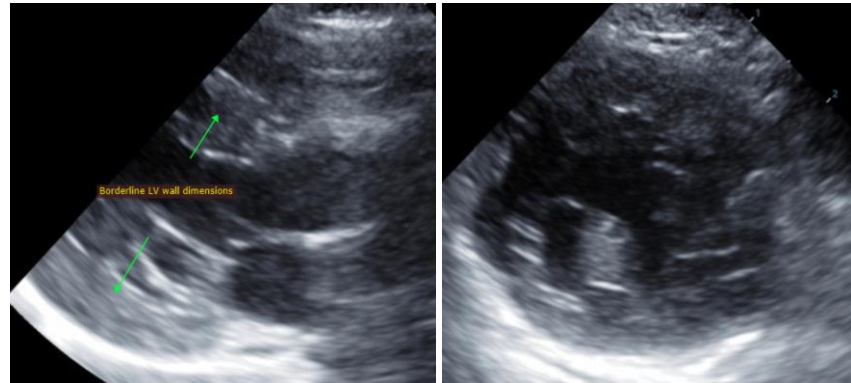
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IMAGES



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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