

**PATIENT**

Gocu Porter

**SPECIES**

Feline

**BREED**

Sphynx

**SEX**

Male Intact

**AGE**

1.5 years

**WEIGHT**

8lbs

**INTERPRETED BY**Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Narske

**INVOICE**

29192

**DATE**

2/22/23

**PRESENTING CLINICAL SIGNS**

History: Baseline echo requested. No abnormalities

**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 appear mildly remodeled. No hypertrophy seen. The LV chamber is borderline increased with mildly depressed myocardial function. The left atrium is mildly dilated. The mitral valve is normal in structure and mobility. No MR. The right atrium is mildly dilated (subjective). The right ventricle is normal. No significant TR. Blood flow through both the LVOT and RVOT are normal in velocity. No aortic or pulmonic insufficiency. 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	3.6	209	0.40	1.7	0.41	35	62
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	1.8	1.5	1.4	0.93	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**

Early unclassified cardiomyopathy (UCM) is suspected. This diagnosis is based upon mild biatrial enlargement with a lack of significant LV thickening. The LV is on the high end of normal range with mild dysfunction as well. Fortunately, with only mild atrial dilation the risk for complication is low; however, there is high risk for progression going forward. No additional issues are identified.

Given only mild atrial dilation, no medications are indicated at this time. Monitor for any signs of progressive heart disease at home including change in breathing rate or effort, signs of a blood clot event and/or lethargy/syncope going forward. Many cats with cardiomyopathy will remain occult/asymptomatic for extended periods of time, however there is a subset that will experience more rapid progression to clinical signs in the first few years after diagnosis.

These findings certainly suggest breeding this animal is not recommended.

Anesthetic risk is considered mildly elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid

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ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol would include opioid/benzodiazepine pre-medication, propofol induction, isoflurane gas. If fluid or steroid therapy is needed, close monitoring of breathing rates is advised as fluid intolerance is certainly a possibility.

**SPECIES**

Feline

**PLAN**

Baseline BP is recommended.

**BREED**

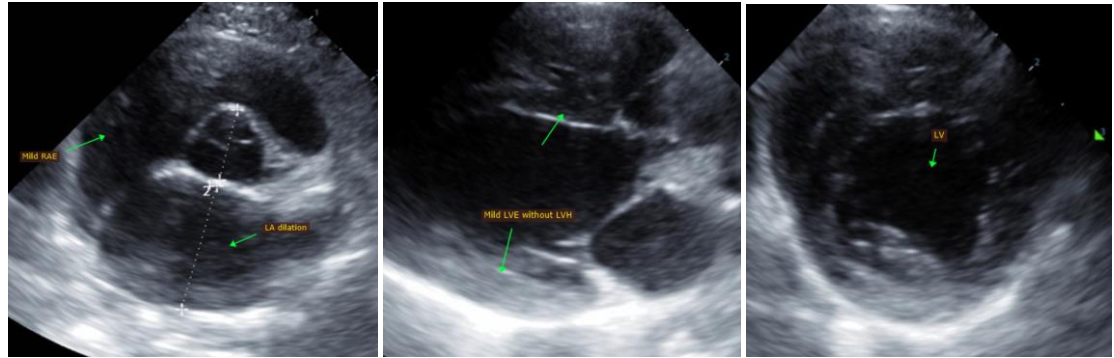
Sphynx

Recommend recheck echocardiogram in 6 months to screen for progression, sooner if clinical signs arise.

**SEX**

Male Intact

**IMAGES**



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8lbs

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.

**INTERPRETED BY**

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

Thank you for this referral. 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**

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

info@sonopath.com

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