



PATIENT

Misa Blakley

SPECIES

Feline

BREED

Sphynx

SEX

Female Intact

AGE

10 months

WEIGHT

6.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Narske

INVOICE

29176

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 largely normal. There is a mildly hyperechoic endocardium. The LV chamber is borderline increased, adequate function. The papillary muscles are normal in size and hyperechoic. The endocardium appears normal. The left atrium is borderline enlarged. 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 aortic insufficiency. Trace TR. No 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)	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	3.1	220	0.39	1.7	0.35	45	80
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	1.4	1.2		1.5	1.3	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 primary concern in this patient is borderline LA and LV dimensions. In the absence of significant LV hypertrophy, typical hypertrophic disease is ruled out. That being said, any cat with evidence of increased filling pressures should be monitored closely for development of unclassified or restrictive disease. No additional issues are identified. A baseline BNP level may be useful in this case as well.

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. Given the equivocal nature of this case, ideally breeding is not advised until follow up/progression is determined. Consider referral for an official OFA screening with a boarded Cardiologist as the gold standard BSE if that is the attended purpose.

No cardiac contraindication for general anesthesia at this time. Mild IV restriction is advised.

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PATIENT

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

SPECIES

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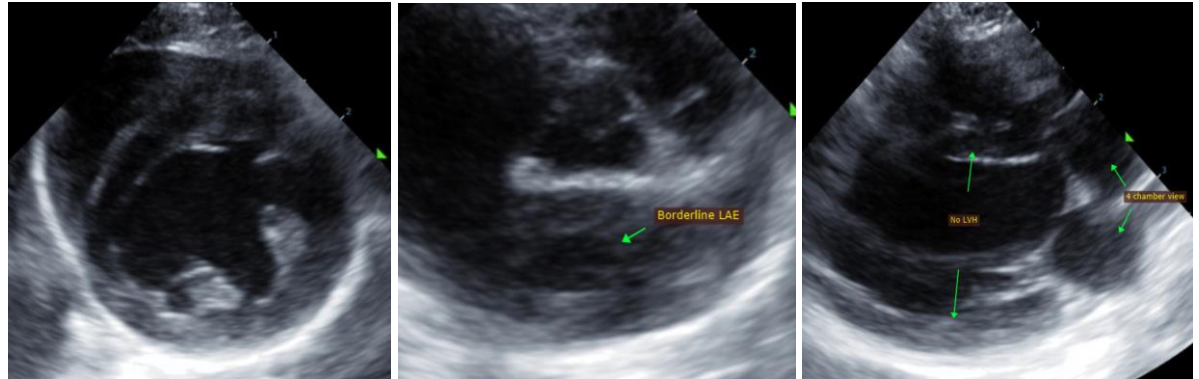
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IMAGES



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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.

WEIGHT

6.8lbs

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.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

Maggie Machen Lamy, DVM
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