

IMAGING PERFORMED BY

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**PATIENT**

Snowy Crawford

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

1.8.09

**WEIGHT**

15lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Andi Parkinson, RDMS

**HOSPITAL NAME**

Paradise Animal  
Hospital

**REFERRING VET**

Dr. King

**INVOICE**

22462

**DATE**

2.9.22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo.

Pertinent abnormal PE/Chem/CBC/UA Results: WNL.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (4-28-21 MML): Severe asymmetric LVH. LVWd: 0.81, LA: 2.2.

-STAT: Not requested.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is significantly asymmetric with a thin septum and severely hypertrophied free wall. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. The papillary muscles are remodeled. The right ventricle is subjectively normal in size and morphology. There is mild left atrial enlargement present. No right atrial enlargement present. Normal RVOT and LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. There is no mitral regurgitation seen. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. Scant pleural effusion appreciated.

**CARDIAC CHART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.8	140	0.55	1.2	0.9	36	71
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		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	1.5	1.4		0.84	0.73	NM

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) persists with a significantly asymmetric ventricular morphology. The free wall remains thickened without obvious progression. What is encouraging is the left atrial dilation has improved from severe to mild, likely due to a previous fluid overloaded scenario. No additional issues are identified.

Given these findings, no medications are indicated at this time. Serial monitoring is advised as progressive left atrial dilation will certainly warrant use of oral medications. Prognosis is guarded long-term, although highly variable with this degree of left atrial enlargement.

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). High risk for iatrogenic fluid or steroid overload in the future.

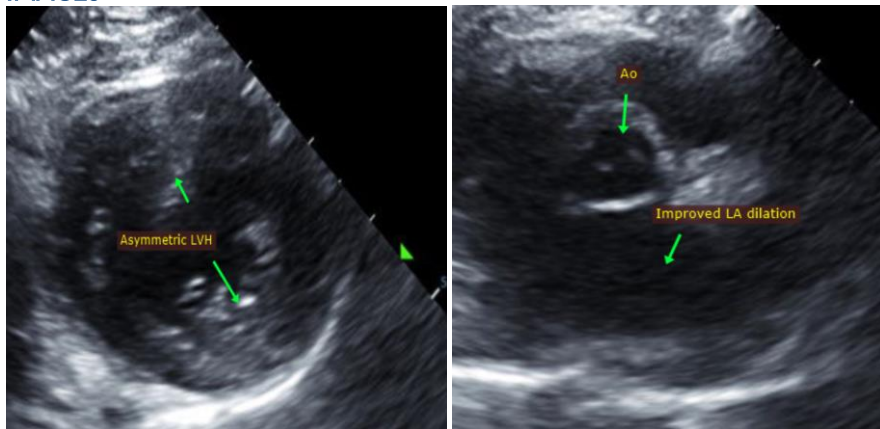
Elective anesthesia, fluid therapy and/or steroids should be avoided.

## PLAN

Screening BP/T4 are recommended. No obvious indication for medications at this time.

A recheck echocardiogram is recommended in 6 months to assess for progression/regression.

## 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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