



**PATIENT**

Padawan Colson  
Narske

**SPECIES**

Feline

**BREED**

Oriental SH

**SEX**

Male Neutered

**AGE**

1 year

**WEIGHT**

7.9lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Narske

**INVOICE**

29784

**DATE**

3/22/23

**PRESENTING CLINICAL SIGNS**

History: Baseline echo. Doing well at home.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal to mildly decreased in dimension. There is a mildly hyperechoic endocardium. The LV chamber is mildly dilated with a spherical appearance. The systolic function is adequate. The papillary muscles are remodeled, irregular and hyperechoic. The left atrium is mildly dilated. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR is noted. Blood flow through both the LVOT and RVOT is normal in velocity. No 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 (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
<b>PATIENT</b>	3.6	188	0.40	1.8	0.40	47	82
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)
<b>NORMAL</b>	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
<b>PATIENT</b>	NM	1.5	1.35		1.1	1.0	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 abnormality identified is mild LA and LV dilation. This is of unknown significance in a young asymptomatic cat; however, there is concern for early unclassified disease. A normal variant cannot be ruled out and monitoring for progression is recommended. No additional pathology is appreciated.

Given these findings, no medications are clearly indicated; however, close monitoring for progression is advised.

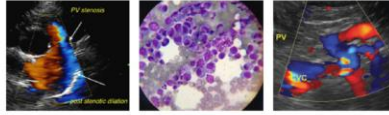
Prognosis is guarded prior to assessing for progression.

Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change).

Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically

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necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

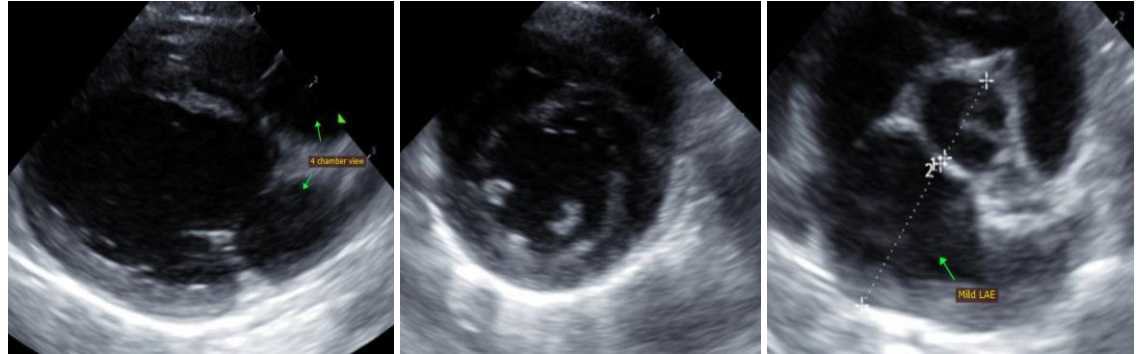
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A recheck echocardiogram is recommended in 6 months to screen for progressive dilation and reassess murmur origin.

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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.

**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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