



PATIENT
Storm Louw

PRESENTING CLINICAL SIGNS

History: HCM screening. Healthy cat. On exam: NSR, no murmurs noted, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2. BP: 100mmHg. *No sedation for study.

SPECIES
Feline

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 100bpm (range 65-150bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.

BREED
Siberian

ECG diagnosis: Normal sinus rhythm with respiratory variation.

SEX
Female Intact

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is borderline with adequate myocardial function. The LV wall thicknesses are normal. There is a mildly hyperechoic endocardium consistent with fibrosis. Papillary muscles appear normal.

AGE
3 years

Left atrium: The left atrium is borderline in dimension. No obvious spontaneous contrast or thrombi seen.

Mitral valve: The mitral valve is normal in structure and mobility with no MR seen. No obvious systolic anterior motion is seen.

WEIGHT
11.69lbs

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

Right atrium: The right atrium is normal in dimension.

Tricuspid valve: The tricuspid valve appears normal with trivial tricuspid regurgitation.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 190bpm.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.3
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.45
LVID diastole (cm)	1.8
PW thickness (cm)	0.46
LVID systole (cm)	1.0
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function. It is worth mentioning that the LA and LV are both on the high end of the normal range for this body size and routine monitoring is recommended. A normal variant is suspected. This is not a contraindication for breeding at this time; however, reassessment in 6 months is recommended to ensure no progressive dilation is developing. No obvious congenital issues are identified.

INVOICE
29756

DATE
3/22/23



PATIENT
Storm Louw

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.

SPECIES
Feline

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

BREED
Siberian

PLAN

Recommend recheck echocardiogram in 6 months.

SEX
Female Intact

IMAGES

AGE
3 years

WEIGHT
11.69lbs



INTERPRETED BY

Maggie Machen Lamy, DVM
DACVIM (Cardiology)

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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.

Maggie Machen Lamy, DVM

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HOSPITAL NAME

Mass Veterinary Services

Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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Dr. Masloski

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