



**PATIENT**

Juliet Hixson

**SPECIES**

Feline

**BREED**

Sphynx

**SEX**

Female Intact

**AGE**

5 months

**WEIGHT**

4.5lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Van Noy

**INVOICE**

23290

**DATE**

3/25/22

**PRESENTING CLINICAL SIGNS**

History: Grade 3/6 systolic murmur heard on routine exam. No clinical signs at this time.  
-Abnormal PE/Chem/CBC/UA Results: SDMA 16, ProBNP normal at 72, mild lymphocytosis.  
-Sedation: Torb, midazolam, and alfaxalone with little affect.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension for this body size. There is a mildly hyperechoic endocardium consistent with fibrosis. False tendon. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is mild left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. No TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. Trace TR. There is no pericardial or pleural effusion appreciated. 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	2.0	197	0.54	1.2	0.53	50	85
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	1.7	1.1	1.2	0.9	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**

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both should be considered lifelong as contributing factors; however, in a kitten primary disease is suspected. The LV walls are minimally increased, which is concerning; however, clinical relevance of this finding is open in a kitten. Mild left atrial enlargement is also suspected with no obvious cause for the murmur identified. It was mentioned that this patient did not respond well to the sedation protocol, and referral for advanced imaging may be beneficial particularly without a murmur diagnosis.

No medications are indicated prior to significant atrial dilation. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM.

Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs

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that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

**SPECIES**

Feline

**PLAN**

Consider referral as discussed.

**BREED**

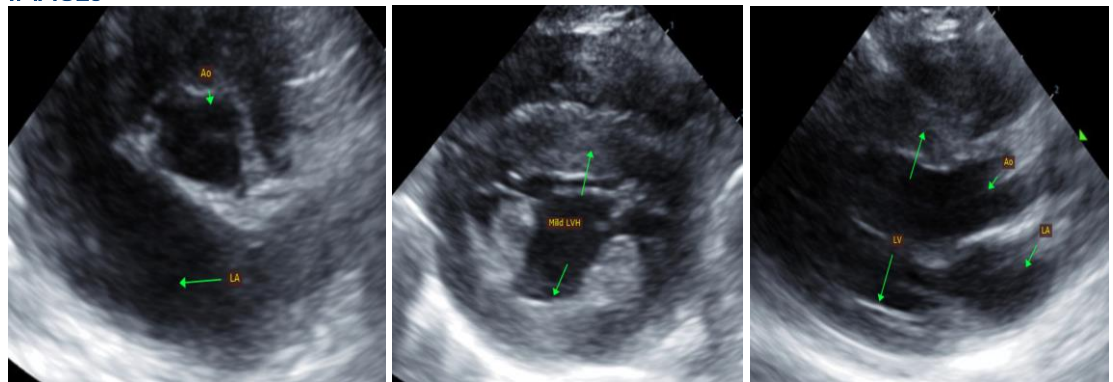
Sphynx

A recheck echocardiogram is recommended in 6-8 months to assess for progression, sooner if any issues arise in the interim.

**SEX**

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**IMAGES**



**AGE**

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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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