


**PATIENT**

Goose Cloutier

**PRESENTING CLINICAL SIGNS**

History: Recheck echo without Dexdomitor. Diaphragmatic hernia diagnosed and repaired, still panting and tired after playing.

**SPECIES**

Feline

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension; however slight sphericity is noted. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are normal in size and hyperechoic. The endocardium appears normal. The left atrium is normal in size. 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 obvious TR, AI or PI. No pleural or pericardial effusion seen. No obvious cardiac tumors.

**BREED**

Siberian Mix

**SEX**

Male Neutered

**CARDIAC CHART**
**AGE**

11 months

**WEIGHT**

10lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

 Dog and Cat Clinic of  
 Niagara

**REFERRING VET**

Dr. Haidy

**INVOICE**

29676

**DATE**

3/27/23

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LWVd (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	5.2	177	0.39	1.45	0.39	40	76
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	1.2	1.3	1.2		1.0	0.7	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**

Overtly normal cardiac structure and function. The LV wall is somewhat spherical in appearance with more remodeling than is expected in a 1yo cat; however, the chamber dimension and function appear normal. No evidence of elevated left atrial pressure. No obvious congenital issues are documented. These findings would suggest the prior abnormalities were primarily due to Dexdomitor sedation. That being said, the LV appearance/dimension should be reassessed in the future.

Given these findings, no cause for panting or exercise intolerance are appreciated. Additionally, mild cardiomegaly is likely a normal variant; however, reassessing this unusual case in 1 year is recommended.

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.



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No cardiac contraindication for general anesthesia at this time.

Recommend recheck echocardiogram in 1 year, sooner if any clinical signs arise.

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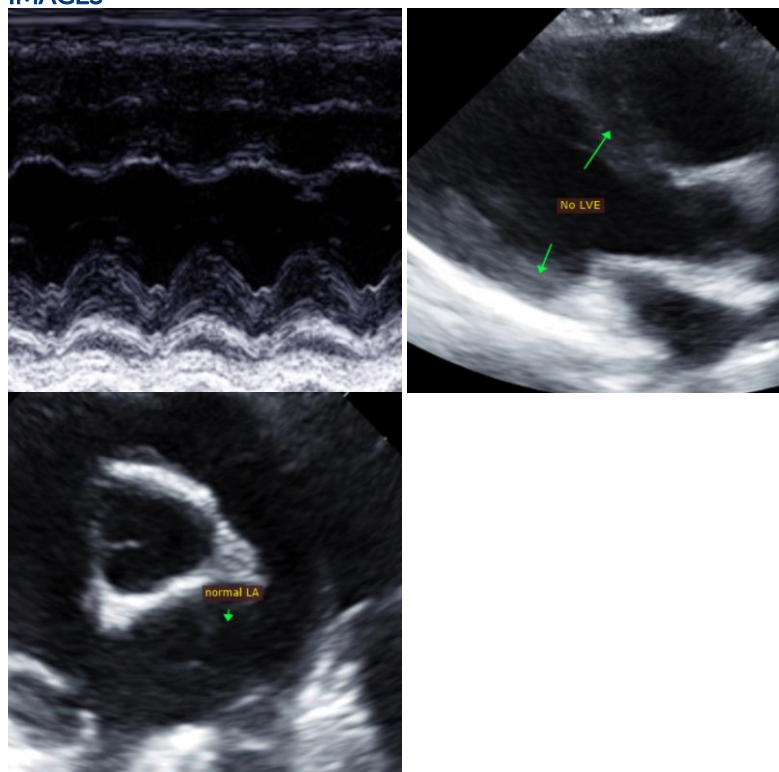
**WEIGHT**

10lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

**IMAGES**



**IMAGING PERFORMED BY**

Kelly Reschny, RVT

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.

**HOSPITAL NAME**

Dog and Cat Clinic of  
Niagara

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.

**REFERRING VET**

Dr. Haidy

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

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