



PATIENT

Gunnar Brokhusens

PRESENTING CLINICAL SIGNS

History: Frequent episodes; rule out syncope versus seizure.

SPECIES

Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. 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. Trace TR. No obvious AI or PI. No pleural or pericardial effusion seen. No obvious cardiac tumors.

BREED

DSH

SEX

Male Intact

CARDIAC CHART

AGE

17 months

WEIGHT

7.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Queensway
Veterinary Hospital

REFERRING VET

Dr. Hill

INVOICE

23302

DATE

3/28/22

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	3.4	140	0.44	1.37	0.46	61	92
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	1.3	1.0		1.3	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

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. No obvious congenital issues are documented.

These findings would suggest episodes are unlikely to be cardiac in origin. Syncope remains a possibility depending on further description of the events. If suspected over seizures, rule outs would include blood pressure swings, intermittent arrhythmias, etc. A baseline ECG and BP may be beneficial. Further neurologic consultation is recommended.

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.

No cardiac contraindication for breeding or general anesthesia at this time.



PATIENT

Gunnar Brokhusens

Recommend recheck echocardiogram in 1 year to assess for development of disease, sooner if a murmur/gallop or clinical signs develop in the interim.

SPECIES

Feline

BREED

DSH

SEX

Male Intact

AGE

17 months

WEIGHT

7.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

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

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Queensway
Veterinary Hospital

REFERRING VET

Dr. Hill

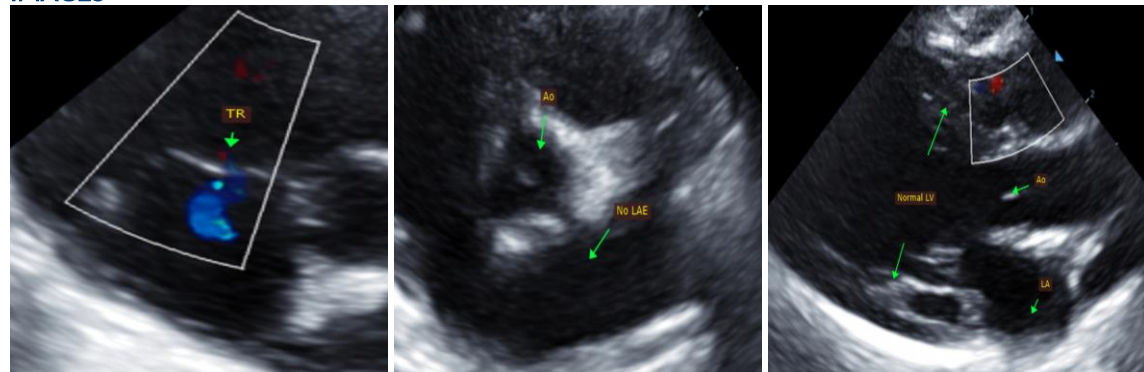
INVOICE

23302

DATE

3/28/22

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.