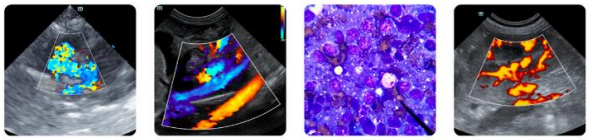



**PATIENT**

Oonah Smith

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

8 years

**WEIGHT**

10.6lbs

**INTERPRETED BY**

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Iacovides, DVM

**HOSPITAL NAME**

Tuxedo Animal Hospital

**REFERRING VET**

Dr. Lameg

**INVOICE**

47159

**DATE**

3/9/26

## PRESENTING CLINICAL SIGNS

History: Has cerebellar hypoplasia. Intermittent vomit, eating and drinking normally. New grade 3/6 heart murmur. Labs: NSF. CXR: normal.

## RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Normal cardiac silhouette. No obvious evidence of CHF.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode and color flow is available. The left ventricular wall is borderline in dimension with regions irregularity. Normal LV chamber size. The papillary muscles are mildly remodeled. The left atrium is normal. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure. Mild eccentric MR. Normal velocity. No TR. Systolic anterior motion is seen on multimodal imaging with an elevated aortic outflow velocity suspected (not captured on spectral doppler). The RVOT velocity is normal. 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) | 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 | 4.8 | | 0.58 | 1.0 | 0.56 | | |
| **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 | 1.2 | 1.1 | | 1.5 | 1.2 | 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 only abnormality identified is borderline LV hypertrophy with an LVOT obstruction and secondary MR. This may reflect early HOCM; however, a normal stressed-related variant is possible. Regardless, the LA is normal, which suggests low risk for complication. Serial echocardiography will be necessary to determine progression and clinical significance. No additional issues are identified.

Given these findings, no medications are indicated. Atenolol may be warranted should the obstruction worsen in the future; however, is not indicated at this time in this cat.

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Prognosis is guarded prior to assessing for progression.

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 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.

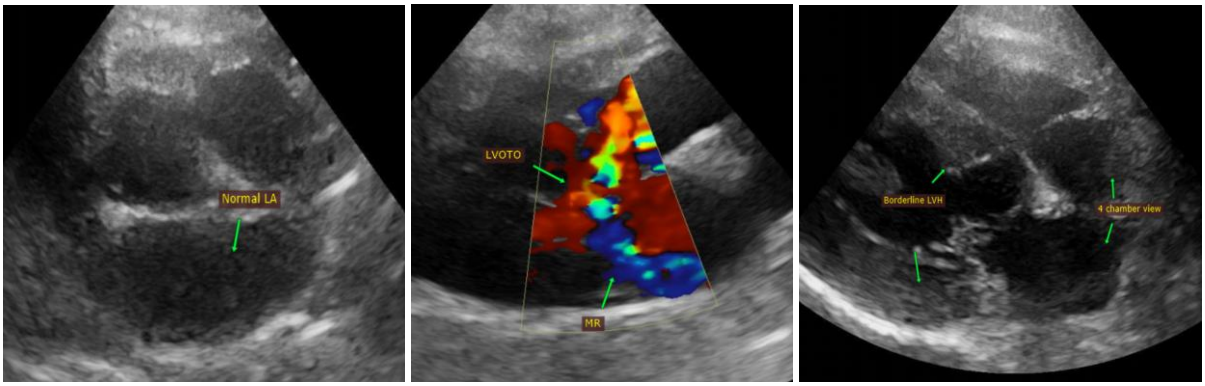
Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

## PLAN

BP and T4 should be monitored every 6 months.

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of progression.

## 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.

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