



PATIENT

Cassian McDaniel

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

1 year

WEIGHT

11.1lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Christensen, DVM

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Castellani

INVOICE

47544

DATE

4/13/26

PRESENTING CLINICAL SIGNS

History: Increased VHS on CXR; showed mild signs of asthma. Assess prior to possible steroids. Littermate died of CHF and a cough. Sedated with torb, midazolam and propofol. -ECG report (Idexx): NSR.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only. Slight cardiomegaly. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The LV function is mildly depressed. The endocardium appears normal. The papillary muscles are normal in size and architecture. 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. No MR seen. Normal flow through both the RVOT and LVOT. No obvious TR, AI or PI. No congenital defects are observed. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.0	NM	0.45	1.4	0.45	30	58
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE <small>(Swe) (Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		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	1.4	1.1	1.1		0.8	0.7	NM
<p>*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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only abnormality identified is the LV function is mildly depressed, this is likely secondary to sedation in an otherwise normal exam. The LV wall thickness is normal, ruling out typical HCM. No chamber dilation is seen and flow through the great vessels is normal.

Given these findings, the radiographic appearance is likely a normal variant. These films should be used as a baseline for future comparison.

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



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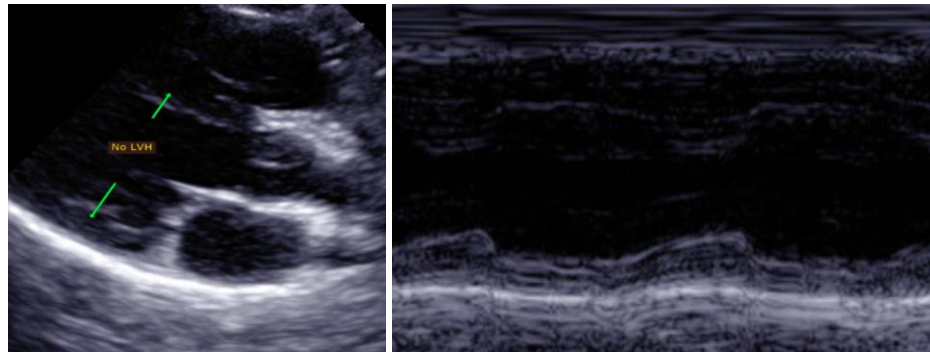
4/13/26

not accompany a heart murmur or PE abnormalities. Periodic screening is ideally recommended in all cats.

No cardiac contraindication for general anesthesia at this time. Risk for steroid use is low; however, any cat can experience acute unexpected intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

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

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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