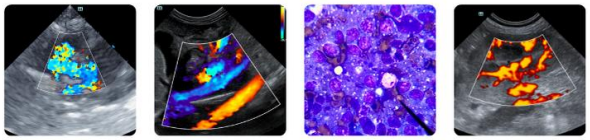

PATIENT

Daisy May Kiel

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

10 months

WEIGHT

7.8lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Kevin Kicker, DVM

HOSPITAL NAME

Wauwatosa Veterinary Clinic

REFERRING VET

Dr. Kicker

INVOICE

47609

DATE

4/17/26

PRESENTING CLINICAL SIGNS

History: Juvenile murmur with suspect arrhythmia, otherwise normal on exam with no notable abnormalities reported by the owner.

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. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR or 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	3.5	210	0.50	1.0	0.50	58	88
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	1.5	1.2	1.0		1.0	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

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. No left atrial enlargement is seen with no obvious cause for the murmur identified. Referral for advanced evaluation is recommended in any congenital case for lifelong monitoring.

This study does not take into account a reported arrhythmia. An ECG should be performed.

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. Prognosis is open prior to assessing for progression.

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Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).

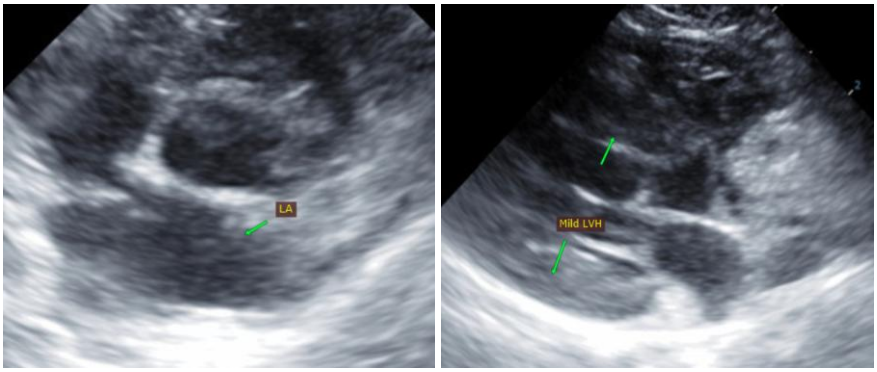
Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with 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.

PLAN

Consider referral as discussed. An ECG is recommended.

A recheck echocardiogram is recommended in 6-12 months to assess for progression, sooner if any issues arise 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.

Maggie Machen Lamy, DVM
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