



PATIENT

Harvey Surman

PRESENTING CLINICAL SIGNS

History: History of a URI. Coughing and retching noted yesterday, suspected a choke event. Decreased lung sounds on R side, no murmur or arrhythmia Labored breathing upon sedation for neuter today. BP: 100mmHg.

SPECIES

Feline

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only. Large volume pleural effusion obscures the cardiac silhouette.

BREED

Ragdoll

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. No obvious TR, AI or PI. No Large volume pleural effusion. No pericardial effusion seen. No obvious cardiac tumors.

AGE

8 months

CARDIAC CHART

WEIGHT

6.9lbs

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	4.7	180	0.30	1.4	0.35	69	96
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	1.3	1.0	1.8		1.1	0.9	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.

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Nelson Animal
Hospital

REFERRING VET

Dr. Ferdandes

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. Large volume pleural effusion is confirmed with no cause identified. CHF is ruled out based upon these findings and other possibilities should be considered. Regardless of cause, the amount of effusion suggests an unstable patient, an immediate diagnostic and therapeutic thoracocentesis should be performed. If this cannot be done safely at your facility, immediate referral for emergency care and hospitalization is recommended.

INVOICE

30453

DATE

4/26/23

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



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

SPECIES

Feline

Anesthesia is not advised prior to stabilization and further evaluation.

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

BREED

Ragdoll

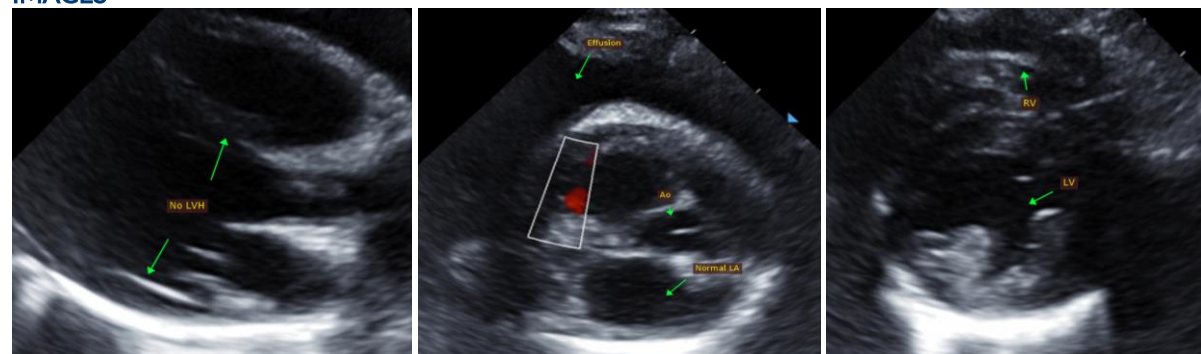
SEX

Male Intact

AGE

8 months

IMAGES



WEIGHT

6.9lbs

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.

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

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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info@sonopath.com

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