


**PATIENT**

Milo Borsyjak

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. - previously diagnosed HCM (by another cardiologist - report not attached). Low grade murmur still present.

**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 fibrosis. Minimal remodeling. The papillary muscles are hyperechoic. 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. The tricuspid valve appears normal in structure and mobility. No TR. Blood flow through both the LVOT and RVOT are normal in velocity. No effusions. No obvious cardiac tumors.

**BREED**

DSH

**SEX**

Male Neutered

**CARDIAC CHART**
**AGE**

6 years

**WEIGHT**

16.2lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM, DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

 Jacquie Pankatz,  
 DVM

**HOSPITAL NAME**

 Mountain Vista  
 Veterinary Hospital

**REFERRING VET**

Dr. Pankatz

**INVOICE**

29983

**DATE**

4/3/23

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LWVd (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	7.3	NM	0.51	1.5	0.51	40	76
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) <small>(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	1.3	1.2	1.2		1.1	0.84	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 dimensions and function. The LV wall thickness is normal, with mild remodeling and fibrosis. No cause of the murmur is identified in the study, making it likely physiologic in origin. The left atrial dimension is normal, and there is minimal risk for complication at this time.

Without a prior report for comparison, the difference between the two studies cannot be commented on. What is seen here, in my opinion, does not reflect hypertrophic cardiomyopathy and without outside treatment, such as blood pressure control, etc. this is difficult to explain.

If needed, the risk for general anesthesia is low. Even without significant pathology, with this degree of remodeling and diastolic stiffening there is a mildly elevated risk for fluid overload in this patient. Judicious IV fluid use is recommended. Additionally a screening blood pressure is recommended in any older cat prior to general anesthesia.



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Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

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Recommend recheck echocardiogram in 1 year to assess for progression or development of disease the pre-existing murmur may mask.

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**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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