



**PATIENT**

Lucy Howlett

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Female Spayed

**AGE**

2 years

**WEIGHT**

8.5lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Kelly Romero, DVM

**HOSPITAL NAME**

Countryside Veterinary  
Hospital

**REFERRING VET**

Dr. Hoobler-Riek

**INVOICE**

4773

**DATE**

4/30/26

**PRESENTING CLINICAL SIGNS**

History: Had a dental cleaning 4/9/26. She did well through the dental, but towards the end, her vitals parameters were trending downward. Shortly after being taken off anesthesia, she arrested. Anesthetic agents that had been used: dexmedetomidine, alfaxalone, isoflurane, and buprenex. The pcDVM and staff responded quickly and were able to resuscitate her and she recovered quickly, acting mentally awake and alert within 20 minutes. Aside from CPR, Lucy received epinephrine and atipamezole. Owner reports she has been doing well at home after the first couple of days. Labs (3/2026): WNL. BP: 118mmHg.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly remodeled endocardium. 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. Trivial MR. No TR. Trace PI. Blood flow through both the LVOT and RVOT is normal in velocity. 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 (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
<b>PATIENT</b>	3.9	NM	0.45	1.3	0.42	60	90
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)
<b>NORMAL</b>	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
<b>PATIENT</b>	NM	1.3	1.2		1.4	1.1	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 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.

No cardiac cause for the anesthetic event is seen in this study. A drug reaction is suspected, particularly given that Dexdomitor was used. Consider avoiding this medication in the future.

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



## PATIENT

in all cats.

Lucy Howlett

No cardiac contraindication for breeding or general anesthesia at this time.

## SPECIES

Feline

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

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DMH

## SEX

Female Spayed

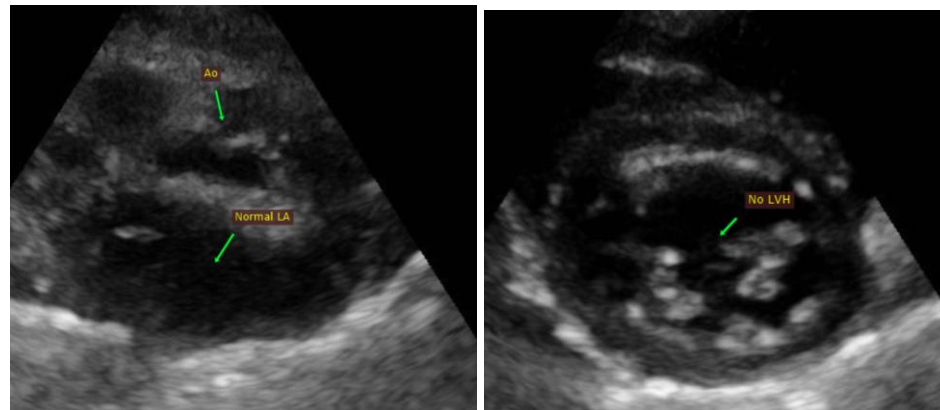
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## IMAGES



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.

## 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.

## IMAGING PERFORMED BY

Kelly Romero, DVM

**Maggie Machen Lamy, DVM**  
**Diplomate of the American College of Veterinary Internal Medicine (Cardiology)**  
info@sonopath.com

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