



**PATIENT**

Muffin Lowen

**SPECIES**

Feline

**BREED**

Sphynx

**SEX**

Female Spayed

**AGE**

12 years

**WEIGHT**

8.46lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Iacovides, DVM

**HOSPITAL NAME**

Tuxedo Animal  
Hospital

**REFERRING VET**

Dr. Broughton

**INVOICE**

47412

**DATE**

4/9/26

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Doing well. On Rapamycin.

-Pertinent previous echo findings (10/2025 MML): Moderate LVH (0.76cm), mild LAE (1.5cm) with SAM. HOCM

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately hypertrophied. There is a mildly hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle remodeling. The right ventricle is subjectively normal in size and morphology. There is moderate left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Systolic anterior motion (SAM) of the mitral valve is present. The LVOT velocity is normal; however, an obstruction is seen on 2D and color flow imaging. There is mild eccentric mitral regurgitation present secondary to SAM. Normal velocity. 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	3.8	NM	0.73	1.4	0.75	47	90
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	NM	1.7	1.6		1.0	0.7	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**

Compared to the prior study, the most concerning difference is the LA is now moderately dilated. This would suggest risk for a thrombotic event in the future. The LV wall thickness remains moderately hypertrophied and unchanged and the remainder of the study similar to previous.

Given progression in LA dimension, consider institution of Plavix at this time. No additional medications are clearly indicated.

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



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Anesthetic risk is considered moderately elevated, and judicious fluid administration is advised if needed with careful monitoring to screen for fluid overload. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Avoid ketamine, telazol, acepromazine and Dexdomitor. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine).

Risk for complication with steroid or fluid use typically follows LA dilation, which in this case is elevated. That said, any cat can experience acute intolerance and monitoring for this phenomenon is always advised (a change in RR/RE, particularly during the initiation phase).

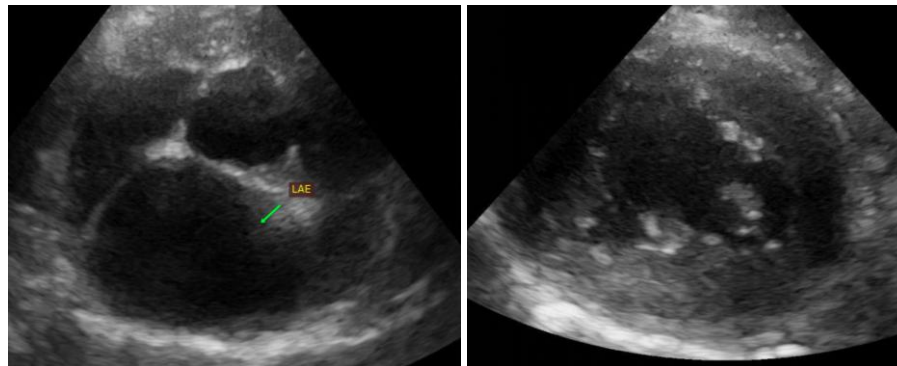
## PLAN

Institute Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).

Screening blood pressure and T4 are recommended every 6 months.

Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues arise.

## 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**

**Diplomate of the American College of Veterinary Internal Medicine (Cardiology)**

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