

**PATIENT**

Toulouse Jarvis

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

14 years

**WEIGHT**

12.5lbs

**INTERPRETED BY**Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)**IMAGING PERFORMED BY**

Kim Liedberg

**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

Dr. Hoffman

**INVOICE**

24197

**DATE**

5/16/22

**PRESENTING CLINICAL SIGNS**

History: History of previous diagnosis of hypertrophic cardiomyopathy - diagnosed around 12 years ago. No heart murmur noted on current exam. History of grade 2/6 heart murmur on prior exam around 2 years ago.

-Current medications: Benazepril 2.5mgs SID.

Pertinent previous echo findings: IVSd 0.5cm, LVPWd 0.5cm

**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 mildly remodeled and 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 or TR. 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) (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	5.7	186	0.44	1.5	0.47	52	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	1.3	1.2	1.1		1.0	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.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Essentially normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. The LV is remodeled, which is a normal age-related variant. No additional issues are identified.

These findings are in contrast with the reported prior diagnosis of HCM. That being said, there appears to be a difference in interpretation rather than true improvement, as the prior wall dimensions were normal in my opinion. Regardless, what is seen here does not warranted continued therapy. One exception to this would be underlying systemic hypertension or PLN, and a baseline blood pressure and lab work are strongly recommended.

Prognosis is open. Follow up is advised.

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**PATIENT**

Toulouse Jarvis

Anesthetic risk is considered mildly elevated. Mild IV fluid restriction is advised. Heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary.

**SPECIES**

Feline

**PLAN**

Discontinue Benazepril unless there is alternative reason for its use. Baseline BP/T4 is recommended with monitoring annually.

**BREED**

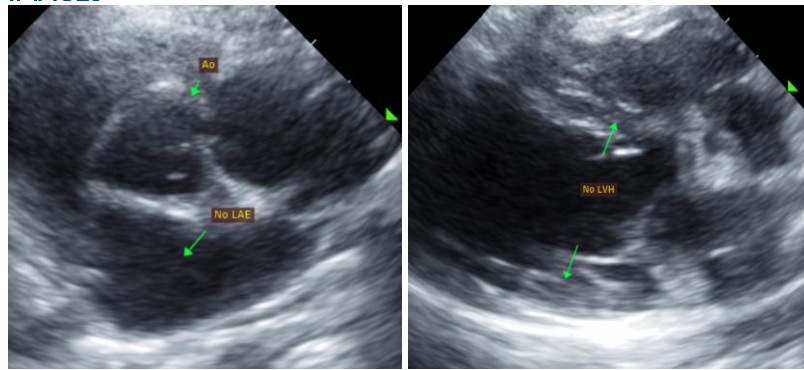
DSH

Recheck echocardiogram is recommended in 1 year to screen for any progressive issues.

**SEX**

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**IMAGES**



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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. 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)  
info@sonopath.com

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