


**PATIENT**

 Emperor Maow  
 Ostapowicz

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

12 years

**WEIGHT**

7.9lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

 Animal Hospital of  
 Stoney Creek

**REFERRING VET**

Dr. Martin

**INVOICE**

31339

**DATE**

6/14/23

**PRESENTING CLINICAL SIGNS**

History: History of Hyperthyroidism since July 2021. History of constipation, however, recently has had softer stool/diarrhea, moderate weight loss (2lbs). Marked end stage dental disease with moderate discomfort with oral handling. Heart murmur present at exam June 2023, L sided systolic, rhythm was normal, however gallop has been heard historically. Lungs auscult normally. New lab changes with elevated ALT June 2023. He is cachectic, marked atrophy of epaxials, quadriceps. Abdomen doughy, but no masses palpable.

-Current medications Methimazole 2.5 Transdermally q24h, Convenia - 0.1mL/kg, restorolax 1/4 tsp/day

-Abnormal PE/Chem/CBC/UA Results: ALT - 324 (27-158) SDMA 17 (0-14) ALB 25 (26-39) K+ 5.4 (3.7-5.2) Usg 1.015 sediment quiet.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Trace TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. There is no pericardial effusion noted. No pleural effusion appreciated. 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>	3.6	220	0.60	1.1	0.60	61	92
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	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)
<b>NORMAL</b>	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
<b>PATIENT</b>	1.3	1.4	1.36		0.7	1.1	NM
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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**

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Assuming the thyroid is well controlled, hypertension should be considered, Regardless, the degree of disease is mild, with only mild LVH and no LA dilation. This would indicate the risk for clinical issues is low at this time. No cause for the murmur is identified, making it likely physiologic in origin. No additional issues are identified. Irregularity is noted to the heart rhythm throughout the study and a baseline ECG is strongly recommended.



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No medications are indicated prior to significant atrial dilation. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM.

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Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.

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DSH

### SEX

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### PLAN

A screening blood pressure and T4 are recommended, then every 6 months lifelong.

### AGE

12 years

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if any issues arise in the interim.

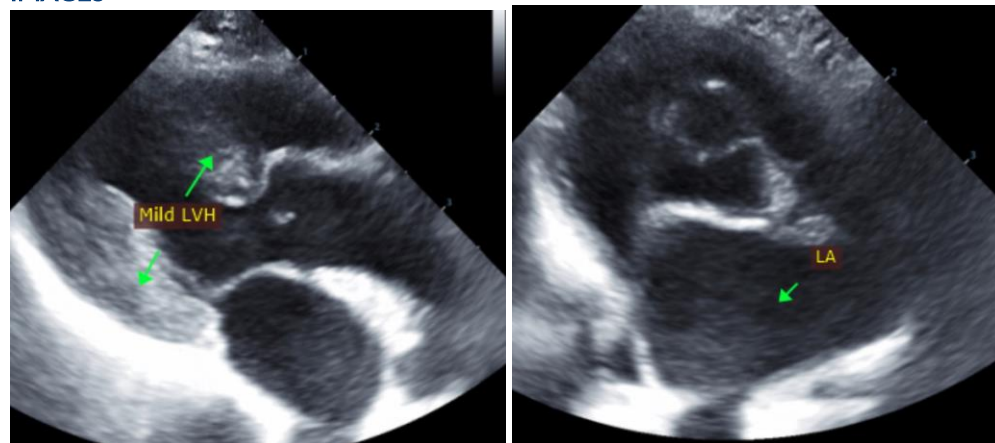
### IMAGES

### WEIGHT

7.9lbs

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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.

### REFERRING VET

Dr. Martin

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.

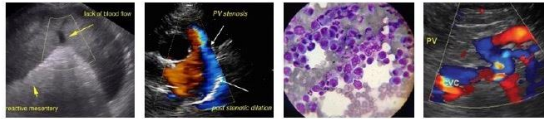
**Maggie Machen Lamy, DVM**  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

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