



**PATIENT**

McGee Mills

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

13 years

**WEIGHT**

10lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Dr. Allen

**INVOICE**

24837

**DATE**

6/16/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Previously diagnosed HOCM. Grade 3/6 heart murmur. Patient is clinically normal.

-Pertinent previous echo findings (6/2021 DH, DVM): mild LVH, mild MR, modest LVOTO. IVSd: 0.58, LVWd: 0.45, LA: 1.2.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal with a borderline focal septal thickening. The remainder of the LV measures normal. There is a hyperechoic endocardium consistent with 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	4.5	146	0.57	1.3	0.49	62	93
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	1.4	1.1	1.3		0.8	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**

The only abnormality identified is a borderline focal septal thickening. This may be indicative of early hypertrophic disease or may simply represent a normal variant. A screening BP and T4 are recommended every 6 months going forward. Regardless, the LA remains normal which would indicate clinical stability. Serial echocardiography will be necessary to determine progression and clinical significance. Compared to what is available from the prior study, these findings are essentially unchanged. A difference of interpretation may be at play as this is considered borderline disease in my opinion (ie a normal variant is not ruled out, particularly given no progression seen). No LVOTO is appreciated as was previously noted, and no additional issues are identified.

With a normal LA dimension, no medications are indicated.

**IMAGING PERFORMED BY**

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**PATIENT**

McGee Mills

Anesthetic risk is mild, however any cat with this degree of fibrosis and diastolic dysfunction will be at risk for iatrogenic IV fluid overload should they be needed in the future. No obvious contraindication for steroid use at this time.

**SPECIES**

Feline

Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

**BREED**

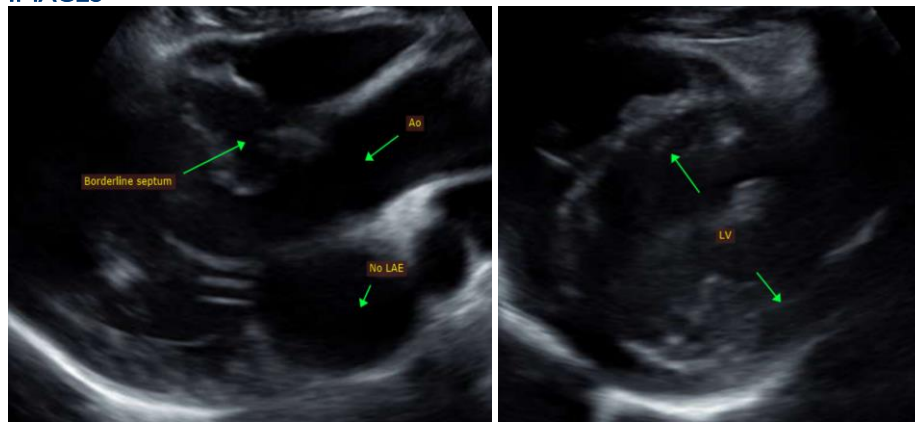
DSH

A recheck echocardiogram is recommended annually, sooner if clinical signs arise.

**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.

**IMAGING PERFORMED BY**

Tom McNeill

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

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