



**PATIENT**

Lily Jones

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Female Spayed

**AGE**

7 years

**WEIGHT**

7.3lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Countryside Animal  
Clinic

**REFERRING VET**

Dr. Cox

**INVOICE**

31768

**DATE**

7/10/23

**PRESENTING CLINICAL SIGNS**

History: Weight loss. Tachypnea. Breathing with abdominal effort.  
 -Radiographs: No free fluid noted. No mass noted.  
 -Abnormal PE/Chem/CBC/UA Results: Mild neutropenia, Chem: WNL. ProBNP: 556, T4: 3.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with regions of borderline thickness. There is a mildly hyperechoic endocardium consistent with fibrosis and remodeling. Papillary muscles appear remodeled. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. No TR. The mitral valve is normal in structure and mobility with mild MR. Blood flow through the RVOT is normal in velocity. Blood flow through the LVOT is normal; however, an intermittent LVOTO is suspected on color flow and 2D imaging. There is no pleural or pericardial effusion seen. There are 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	4.1	200	0.50	1.0	0.53	48	83
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	1.3	1.2		1.0	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**

The cause of the murmur is an intermittent LVOT obstruction. The LV thickness is largely normal with no clear hypertrophic component at this time. These findings may represent early HOCM; however, there is a subset of cats with a dynamic LVOT obstruction that is stress-related and does not lead to secondary LVH or LA dilation (LA is normal in this case). Serial echocardiography will be necessary to determine progression and clinical relevance of findings.

Should LVH or LA dilation develop in the future, a beta blocker may be indicated to lower heart rate and decrease the pressure gradient. Based upon what is seen here, this is not clearly indicated at this time. A screening BP and T4 are recommended every 6 months going forward, as either issue may exacerbate disease.

These findings would suggest respiratory changes are certainly noncardiac in origin. Baseline CXR with a Radiologist review is strongly recommended.



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Monitor for any clinical signs associated with progression, including increased RR/RE, syncope or signs of a blood clot (paralysis, neurologic change, etc.).

**SPECIES**

Feline

Anesthetic risk is currently low; however, CXR must be evaluated before proceeding. Avoid heart rate stimulating drugs (atropine, glycopyrrolate) unless clinically necessary. Avoid vasodilators such as acepromazine as this can worsen obstruction. Judicious IV fluid rates are recommended to avoid fluid overload in this patient with diastolic dysfunction.

**BREED**

DMH

A recheck echocardiogram is recommended in 6-12 months to assess for progression, sooner if any clinical signs arise.

**SEX**

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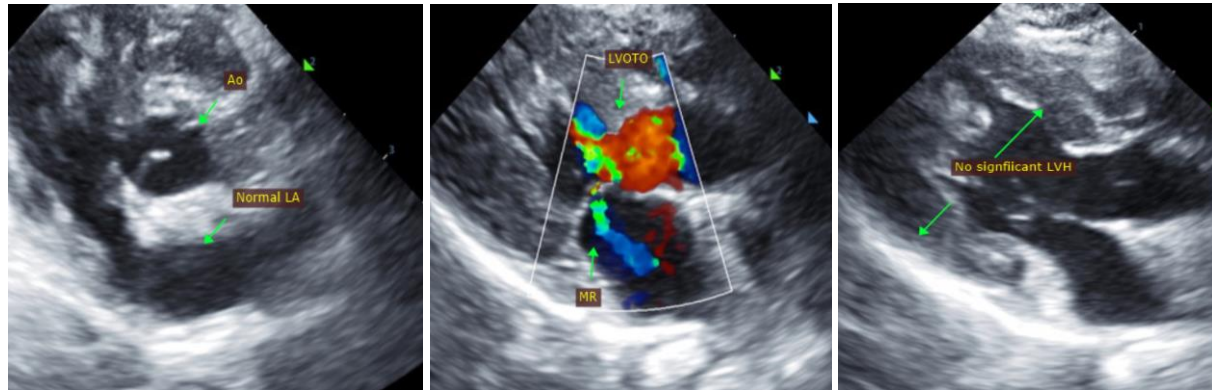
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**IMAGES**



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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.

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

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.

**HOSPITAL NAME**

Countryside Animal Clinic

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