


PATIENT

Namaki Nategh

SPECIES

Feline

BREED

Norwegian Forest Cat

SEX

Male Neutered

AGE

12 months

WEIGHT

9.7lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

 Potomac Mobile
 Veterinary Ultrasound

HOSPITAL NAME

 Cascaades Pet
 Hospital

REFERRING VET

Dr. Jarrett

INVOICE

25234

DATE

7/11/22

PRESENTING CLINICAL SIGNS

History: Rapid respiration and a fever of unknown origin

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 normal in size and hyperechoic. The endocardium appears normal. 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. Normal flow through both the RVOT and LVOT. No obvious TR, AI or PI. 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)	LWVd (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	4.4	190	0.41	1.6	0.50	69	96
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	1.2	1.0		1.0	0.92	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

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. No obvious congenital issues are documented.

These findings would certainly suggest a noncardiac cause for tachypnea is most likely. If there is concern for endocarditis, certainly no concerning lesions are seen here. That being said, ultrasound is largely insensitive for early vegetation. If concern persists, blood cultures are strongly recommended.

Given these findings, no medications are indicated. It is important to note that phenotypic HCM can develop at any phase of life in cats (particularly in this predisposed breed), and often does not accompany a heart murmur or PE abnormalities. Periodic screening is ideally recommended in all cats.

No cardiac contraindication for general anesthesia at this time.

Recommend recheck echocardiogram in 1 year to assess for development of disease, sooner if a murmur/gallop or clinical signs develop in the interim.



PATIENT

Namaki Nategh

SPECIES

Feline

BREED

Norwegian Forest Cat

SEX

Male Neutered

AGE

12 months

WEIGHT

9.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Cascaades Pet
Hospital

REFERRING VET

Dr. Jarrett

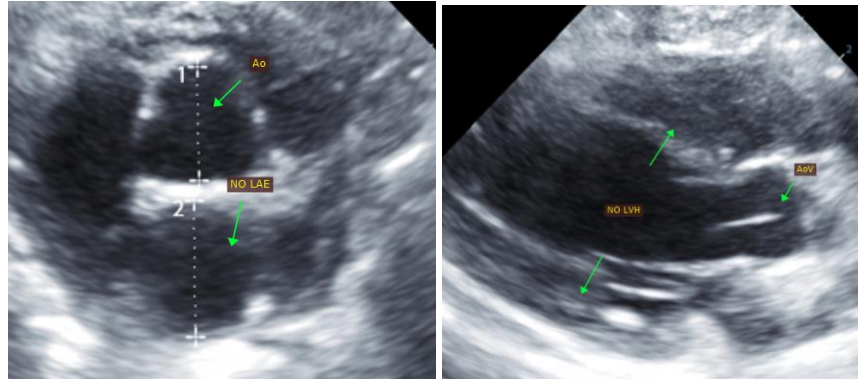
INVOICE

25234

DATE

7/11/22

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)
info@sonopath.com