

**PATIENT**

Pubert Smith

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

1 year

**WEIGHT**

~9lbs

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

Amy Mayhew,VT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**Wixom Family Pet  
Practice**INVOICE**

25356

**DATE**

7/15/22

**PRESENTING CLINICAL SIGNS**

History: Previous murmur noted when young prior to neuter. No murmur heard today once sedated. Patient sedated with same protocol as previous echo (Alfaxan/Midazolam). Pertinent previous echo findings (AIS 9/2021): mild TR, normal otherwise

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The endocardium and papillary muscles are 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. 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) <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>	4.1	NM	0.46	1.3	0.50	54	89
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)	
<b>NORMAL</b>	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
<b>PATIENT</b>	NM	1.3	1.1	0.87	0.55	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 persists in this study. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. No obvious congenital issues are documented and the murmur remains likely physiologic in origin.

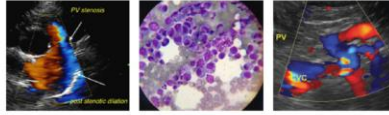
Given these findings, no medications are indicated. It is important to note that phenotypic HCM can develop at any phase of life in cats, and often does not accompany a heart murmur or PE abnormalities. Periodic screening is ideally recommended in all cats.

No cardiac contraindication for general anesthesia at this time.

Recommend recheck echocardiogram in 1 year to assess for development of disease the pre-existing murmur may mask.

IMAGING PERFORMED BY

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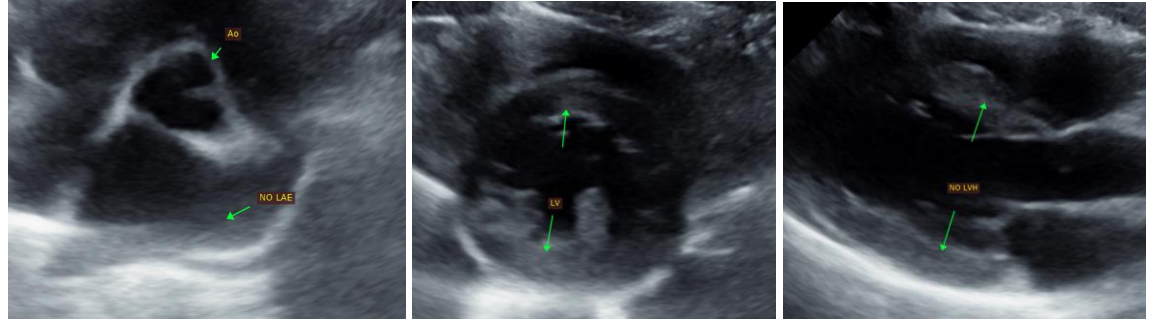
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**IMAGES**



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. 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)**  
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