



## PATIENT

Silver Walter

## SPECIES

Feline

## BREED

Sphinx

## SEX

Male Neutered

## AGE

1.8 years

## WEIGHT

11.9lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Sands Hill Mobile  
Veterinary Ultrasound

## HOSPITAL NAME

Whole Pet Vet

## REFERRING VET

Dr. Hom

## INVOICE

31965

## DATE

7/20/23

## PRESENTING CLINICAL SIGNS

History: Screening echo.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is borderline in dimension. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The papillary muscles appear mildly increased in size. 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. Trace TR. Normal flow through both the RVOT and LVOT. No obvious 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	5.4	270	0.58	1.4	0.58	60	91
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	1.5	1.4	1.3		1.6	1.4	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

Patient is equivocal for hypertrophic disease. The LV wall thickness is borderline, which may suggest progressive hypertrophy. A normal variant is not ruled out and monitoring for progression is recommended in this juvenile cat. There is no evidence of elevated left atrial pressure. No obvious congenital issues are documented.

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.

Recommend recheck echocardiogram in 1 year to screen for progression, sooner if a murmur/gallop or clinical signs develop in the interim.



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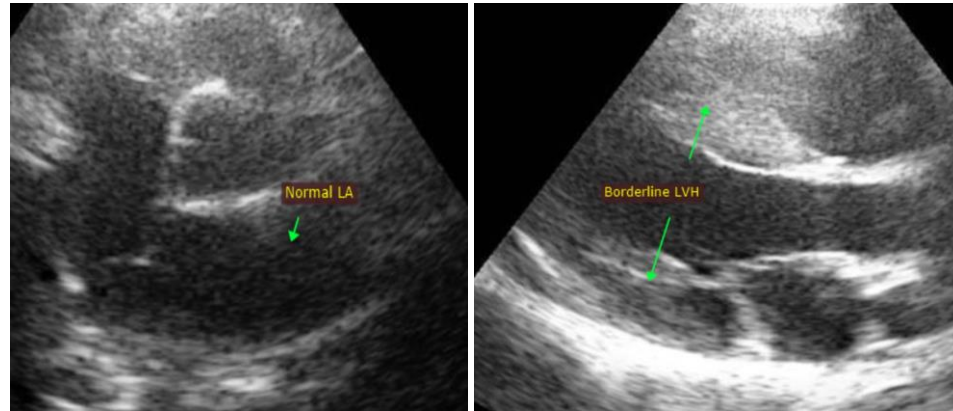
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**IMAGES**



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. 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.

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