

**PATIENT**

Zoey O'Connor

**PRESENTING CLINICAL SIGNS**

History: Screening echocardiogram. Clinically normal.

**SPECIES**

Feline

**BREED**

Sphinx

**SEX**

Female Intact

**AGE**

10 months

**WEIGHT**

5lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary  
Specialty Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

20459

**DATE**

8/10/21

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.

**Left ventricle:** The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are normal. There is a mildly hyperechoic endocardium consistent with fibrosis. Papillary muscles are abnormal with exuberant fibrous tissue and a fused morphology. This does not appear to be causing obstruction to flow based upon color flow imaging.

**Left atrium:** The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.

**Mitral valve:** The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

**Right ventricle:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

**Right atrium:** The right atrium is normal in dimension.

**Tricuspid valve:** The tricuspid valve appears normal with no tricuspid regurgitation.

**Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

**Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 250bpm.

**2-Dimensional Measurements**

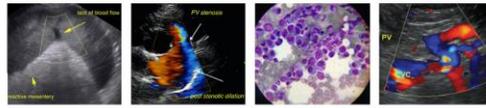
Ao diam (cm)	0.8
LA diam (cm)	1.0
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.38
LVID diastole (cm)	1.4
PW thickness (cm)	0.36
LVID systole (cm)	0.71
FS (%)	50

**Doppler Measurements**

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

The primarily abnormality identified is abnormal papillary musculature with exuberant fibrous tissue and fusion. The LV wall thickness is normal ruling out typical hypertrophic disease; however, this abnormal morphology should certainly be monitored going forward. This may reflect early restrictive or hypertrophic disease; however, the clinical relevance is unclear at this time. No obvious congenital issues are identified and both atria measure normal.



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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.

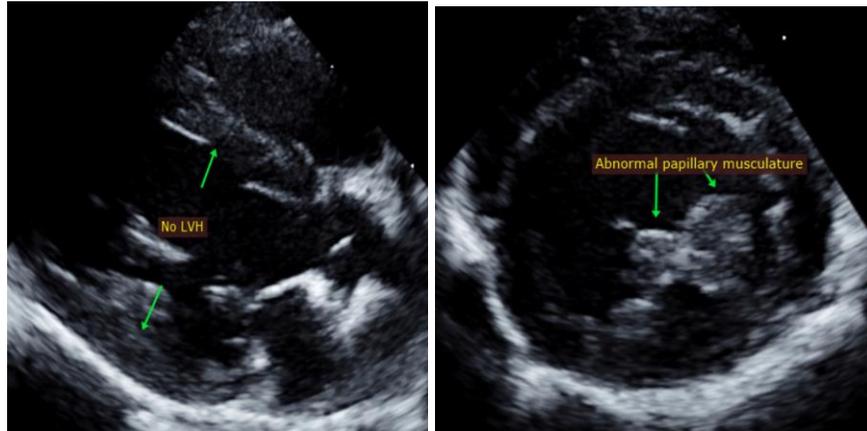
**RECOMMENDATIONS**

- Given these findings, no medications are indicated.
- No cardiac contraindication for general anesthesia.
- If patient is to be used for breeding, recommend reassess in 6-12 months prior to proceeding. The current status of the patient is considered equivocal. An OFA by an attending Cardiologist is considered the gold standard for breeding and should be considered in this instance.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

**PLAN**

- Recommend recheck echocardiogram in 6-12 months to screen for progression.

**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

**Echocardiogram performed by:** Pamela Harrigan, RDCS  
Pet Animal Ultrasound Service (4paus.com)