



PATIENT

Iris Anderson

SPECIES

Feline

BREED

Sphynx

SEX

Female Spayed

AGE

5 years

WEIGHT

7.3lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dr. Belan, DVM

HOSPITAL NAME

Glamorgan Animal
Clinic

REFERRING VET

Dr. MacAulay

INVOICE

20617

DATE

8/18/21

PRESENTING CLINICAL SIGNS

History: recheck echo. Normal T4.

-Pertinent previous echo findings (9/2020MML): HCM with mild to moderate thickening. IVSd: 0.68, LVWd: 0.73. Moderate LAE: 1.6cm, no SAM, trace MR.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately asymmetrically hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle hypertrophy with fibrosis (hyperechoic). The right ventricle is subjectively normal in size and morphology. There is moderate to severe left atrial enlargement present. No right atrial enlargement present. There is no obvious systolic anterior motion (SAM) of the mitral valve present, with a normal LVOT velocity. There is mild mitral regurgitation present. No Tricuspid regurgitation. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. Irregular rate and rhythm throughout.

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	3.3	230	0.82	1.5	0.75	45	80
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	1.76	1.8	1.8	1.2	1.2	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

Hypertrophic cardiomyopathy (HCM) persists with evidence of progression. The LV wall dimensions are increased comparatively, and the LA is moderate to severely dilation. No additional issues are identified; however, an irregular rate and rhythm are noted throughout the study. **A baseline ECG is strongly recommended.**

Given progression compared to previous, recommend institute cardiac supportive medications as previously discussed (Benazepril and Plavix) pending blood pressure measurement. Pimobendan could also be considered if the patient is easily medicated.



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Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). Risk for CHF is high and close monitoring at home is advised.

SPECIES

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Elective anesthesia is not advised.

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PLAN

Baseline BP and ECG are recommended. Consider institution of Benazepril 2.5mg PO q12h and Plavix (clopidogrel) 18.75mg PO q24h (NOTE: bitter on cut edges; coat in entirety) if able. Additionally, if easily medicated, Pimobendan may have some benefit 0.625mg PO q12h.

SEX

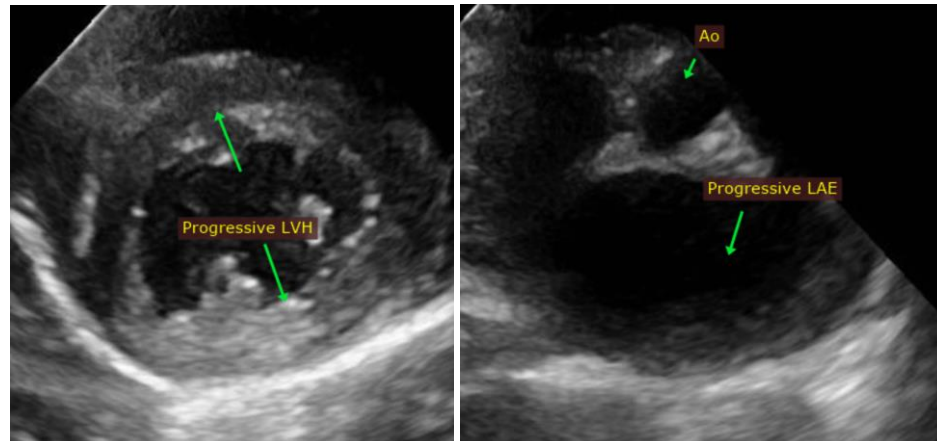
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A recheck echocardiogram is recommended in 6 months to assess for progression and reevaluate murmur origin.

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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.

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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.

REFERRING VET

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