



**PATIENT**

Courage Munessar

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

10 years

**WEIGHT**

10.5lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

Beattie Pet Hospital  
Ancaster

**REFERRING VET**

Dr. Wittenrich

**INVOICE**

32502

**DATE**

8/23/23

**PRESENTING CLINICAL SIGNS**

History: Panting. Lethargic. Stiffness. Wheezing. Anorexia. Vomiting on/off.  
-Current Medications: Theophylline.  
-Abnormal PE/Chem/CBC/UA Results: CBC, Electrolytes, Chem - WNL TT4 - WNL.  
-Radiographs: Lower airway pattern consistent with asthma.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal in dimension with regions of fibrosis and remodeling. There is a diffusely hyperechoic endocardium. The papillary muscles appear hyperechoic. No significant hypertrophy seen. The left atrium is mildly dilated. The mitral valve is normal in structure and mobility. No MR. The right atrium is normal. The right ventricle is normal. No TR. Blood flow through the LVOT and RVOT is normal. No pleural or pericardial effusion seen. No obvious cardiac tumors.

**CARDIAC CHART**

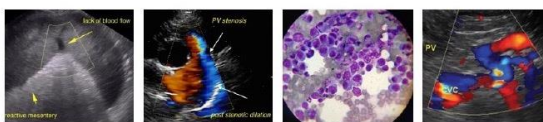
FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.8	160	0.47	1.6	0.49	48	83
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO 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	1.4	1.5	1.5	0.7	0.6	NM	
<p>*Note: All measurements based upon multi-modal images and methods. An average value is reported. Adapted from June Boon, Veterinary Echocardiography, 1998 Abbott J &amp; 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.</p>							

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

While a normal variant is possible, there is concern for early Unclassified Cardiomyopathy in this case. This diagnosis is based upon mild atrial dilation without significant LV pathology. Many cats with cardiomyopathy will remain occult/asymptomatic for extended periods of time, however there is a subset that will experience more rapid progression to clinical signs in the first few years after diagnosis. Fortunately, with only mild atrial dilation the risk for complication is low, however there is high risk for progression going forward. No additional issues are identified.

Given only mild atrial dilation, no medications are indicated at this time. Monitor for any signs of progressive heart disease at home including change in breathing rate or effort, signs of a blood clot event and/or lethargy/syncope going forward.

Even with mild changes seen here, this is unlikely to explain current clinical signs. Further evaluation/treatment is recommended as dictated by the CXR report.



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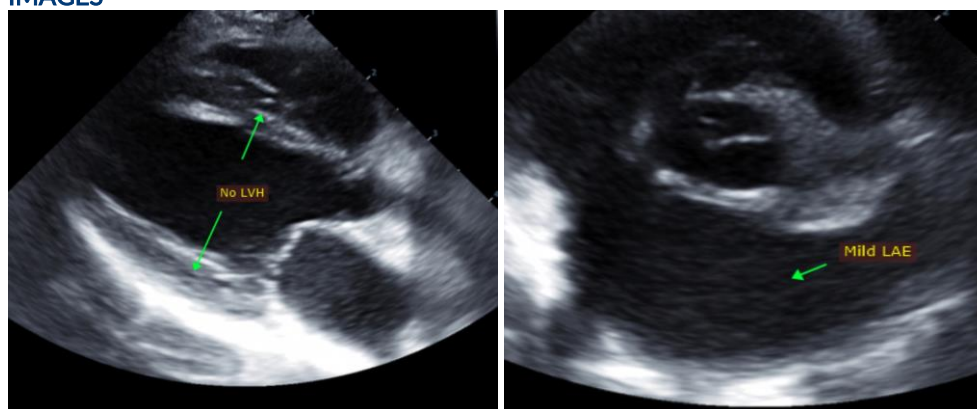
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From a structural standpoint, anesthetic risk is considered mildly elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol would include opioid/benzodiazepine pre-medication, propofol induction, isoflurane gas. **Risk for steroids or fluid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring for signs of acute intolerance is recommended. Such as a change in RR/RE.**

Recommend recheck echocardiogram in 6 months to screen for progression, sooner if clinical signs arise.

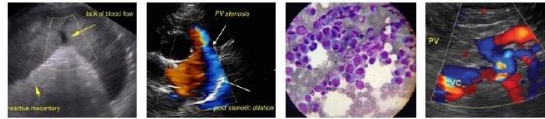
**IMAGES**



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



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