

PATIENT

Honey Cook

SPECIES

Feline

BREED

DMH

SEX

Female Spayed

AGE

6 months

WEIGHT

1.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Andrea Nicastro

HOSPITAL NAME

Veterinary Speciality
Care Blue Pearl Mt
Pleasant

REFERRING VET

Dr. Graham

INVOICE

26021

DATE

8/25/22

PRESENTING CLINICAL SIGNS

History: Presents for gagging. Decreased appetite. Hiding and lethargy. BP: 110mmHg.
-CXR: Shows severe right-sided cardiomegaly. Mild bronchial pulmonary pattern. Enlarged MPA. Mild pleural effusion. Distended CVC.
-Abnormal PE/Chem/CBC/UA Results: Chem 17.
-Sedation: Torb, Alfaxalone.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are normal in size and hyperechoic. The endocardium appears 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. Normal flow through both the RVOT and LVOT. No obvious TR, AI or PI. No pleural or pericardial effusion seen. No obvious congenital defect. 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	3.1	NM	0.35	1.3	0.33	52	86
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	NM	1.4	1.1		1.1	0.94	NM

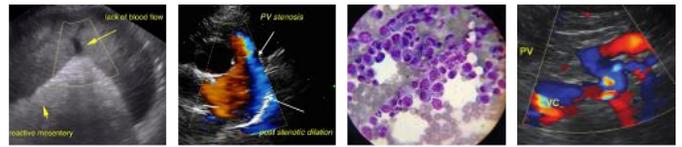
**Note: All measurements based upon multi-modal images and methods. An average value is reported.*
Adapted from June Boon, Veterinary Echocardiography, 1998
Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. The right heart appears normal as well without MPA or RV enlargement. No obvious congenital issues are documented.

These findings are confounding given the appearance of the screening chest radiographs, showing significant right sided and MPA enlargement. This is difficult to explain in light of the echo findings unless therapy was instituted overnight that was not mentioned, such as a diuretic. Regardless, there is no cardiac cause for concern at this time and simple monitoring is advised. Consider treating for possible respiratory/pulmonary changes noted on the chest radiographs and reassess the films in 1-2 weeks.

Given these findings, no cardiac 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



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does not accompany a heart murmur or PE abnormalities. Periodic screening is ideally recommended in all cats.

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No cardiac contraindication for general anesthesia at this time.

PLAN

No indication for diuretic or other cardiac therapy at this time. Consider treat for pulmonary changes and reassess CXR for comparison in 1-2 weeks. Alternatively, repeat films could be done today given the discrepancy between the ultrasound and CXR.

BREED

DMH

Recommend recheck echocardiogram in 1 year to ensure no changes are noted, sooner if a murmur or further issues develop in the interim.

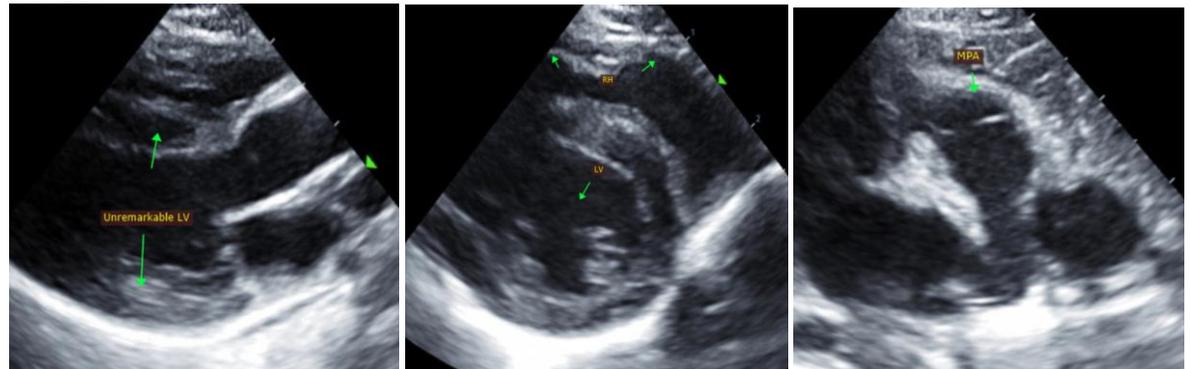
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Andrea Nicastro

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.

HOSPITAL NAME

Veterinary Speciality
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Pleasant

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