



**PATIENT**

Luke Sklannik

**SPECIES**

Feline

**BREED**

Miane Coon

**SEX**

Male Intact

**AGE**

6 months

**WEIGHT**

11lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Christensen, DVM

**HOSPITAL NAME**

Tranquility Veterinary  
Clinic

**REFERRING VET**

Dr. Christensen

**INVOICE**

32250

**DATE**

8/9/23

**PRESENTING CLINICAL SIGNS**

History: Baseline exam prior to anesthesia. Sedated with opioid/midazolam/Alfazan and maintained on isoflurane.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is largely normal. There is a mildly hyperechoic endocardium. The LV chamber is borderline increased, adequate function. The papillary muscles are normal in size and hyperechoic. The endocardium appears normal. The left atrium is borderline enlarged. 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 aortic insufficiency. No TR. No pulmonic insufficiency. 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	5.0	NM	0.43	1.56	0.46	50	92
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	1.0	1.4	1.2		0.9	0.7	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**

Largely normal cardiac structure and function. The only concern is the LA and LV dimensions are mildly increased for this body size/age of patient. While these #'s can be normal in adult Maine Coon's, there is some concern in this juvenile cat. Follow up is recommended. No evidence of typical hypertrophic disease is identified. A baseline BNP level may be useful in this case as well.

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.

No cardiac contraindication for general anesthesia at this time. Mild IV restriction is advised.

Recommend recheck echocardiogram in 6-12 months to screen for progression, sooner if a murmur/gallop or clinical signs develop in the interim.



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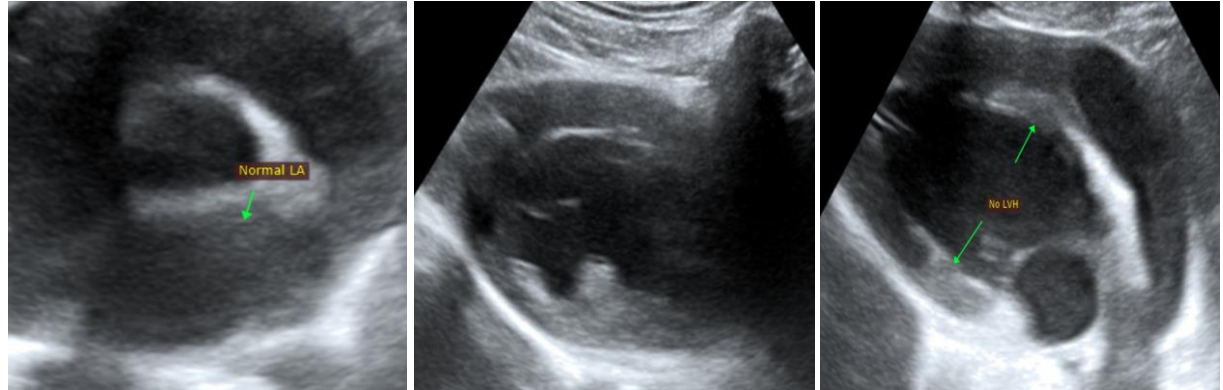
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**IMAGES**



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.

**Maggie Machen Lamy, DVM**  
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