



PATIENT

Gregor Prieta

SPECIES

Feline

BREED

Snowshoe

SEX

Male Neutered

AGE

13 months

WEIGHT

9.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sands Hill Mobile
Veterinary Ultrasound

HOSPITAL NAME

Surf City Animal
Hospital

REFERRING VET

Dr. Carrell

INVOICE

26383

DATE

9/15/22

PRESENTING CLINICAL SIGNS

History: Murmur auscultated. Asymptomatic.
-Abnormal PE/Chem/CBC/UA Results: Slight anemia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Elevated RVOT velocity with a dynamic profile seen on Spectral or color flow imaging. No TR. Normal velocity. Normal LVOT velocity; however, an intermittent obstruction is suspected on color flow imaging. No significant MR. There is no pericardial effusion noted. No pleural effusion appreciated. 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	4.3	200	0.64	1.3	0.60	61	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	1.5	1.1	1.0		2.1	1.3	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) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both should be ruled out in this case as contributing factors, however primary disease is suspected in a young cat. The degree of disease is mild, with only minimal LVH and no LA dilation. This would indicate the risk for clinical issues is low at this time. An LVOTO is suspected but could not be confirmed. Finally, a dynamic RVOT obstruction is seen as the cause of the murmur, which is a benign physiologic finding. No additional issues are identified.

Given the mild findings on today's exam, no medications are clearly indicated. Atenolol may be recommended in the future should SAM be confirmed in the future and/or the hypertrophy/LA dimension worsen. It is important to note however that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM.



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Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.). Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine).

SPECIES

Feline

PLAN

A screening blood pressure and T4 are recommended.

BREED

Snowshoe

A recheck echocardiogram is recommended in 6-12 months to assess for progression, sooner if any issues arise in the interim.

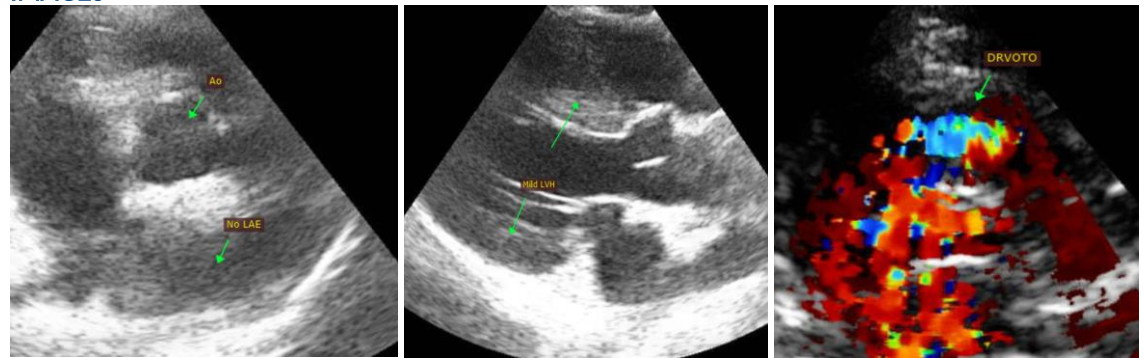
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Maggie Machen Lamy, DVM
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info@sonopath.com

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