



**PATIENT**

Spike Salama

**SPECIES**

Feline

**BREED**

Persian Cross

**SEX**

Male

**AGE**

6 years

**WEIGHT**

6 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Inam ul hag

**HOSPITAL NAME**

City VC Abu Dhabi

**REFERRING VET**

Dr. Inam ul hag

**PRESENTING CLINICAL SIGNS**

History: The cat came for wound check. Grade 3 systolic HM was heard at the left hemithorax, sternal and right hemithorax region. Feline proBNP test was abnormal. The owner declined blood hematology and biochemistry

Abnormal PE/Chem/CBC/UA Results: Abnormal feline proBNP

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The echocardiogram in this patient demonstrated normal **left atrial** size and structure with no evidence of “smoke” or thrombi. The cranial and caudal **mitral** valve leaflets appeared mildly thickened with some insufficiency noted on Doppler. The **left ventricle** presented excessive free wall and septal thicknesses with hypertrophic thicknesses compared to normal for this species. The **myocardium** presented essentially normal echogenicity without immediate signs of fibrotic or ischemic disease. **Contractility** of the ventricular walls was considered excessive for this patient evidenced by the elevated fractional shortening measurement. Dynamic obstruction of the **left ventricular outflow** tract was noted/SAM. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated linear morphology. The **right ventricle** was of normal size with normal chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The **mediastinum** was free of masses in the visible window.

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT		NM	0.61	1.5	0.76	56	89
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Sisson)	LA (2D 4-chamber long axis AS to FW (Sisson) (cm)	LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)	
NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3	40-60	
PATIENT	1.3	1.5	1.3	1.23	1.29	NM	

Adapted from June Boon, Veterinary Echocardiography, 1998  
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

**INVOICE**

43095

**DATE**

12/14/22



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**ULTRASONOGRAPHIC FINDINGS**

Hypertrophic cardiomyopathy phenotype with dynamic obstruction/SAM.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the basal heart rate is > 200 then Atenolol therapy could be considered at 6.25-12.5 mg b.i.d. to reach target heart rate < 180. No volume overload was noted at this time. Atenolol is indicated if any exercise intolerance is an issue. Recheck echocardiogram is recommended in 6 months.

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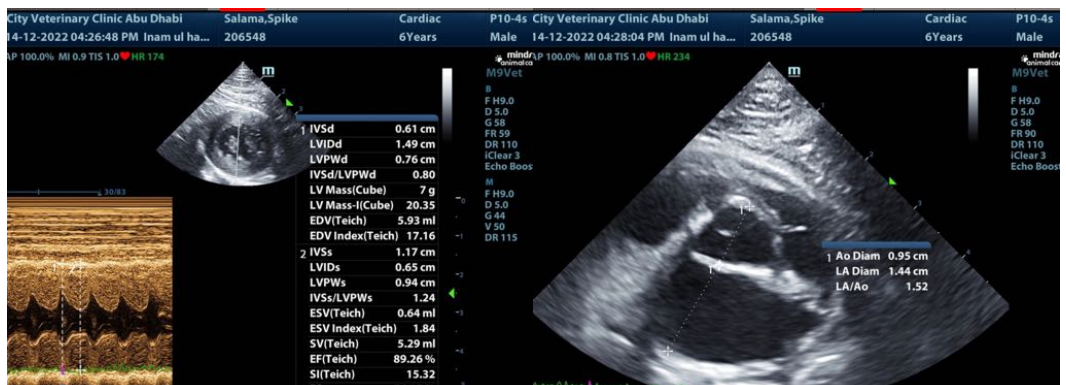
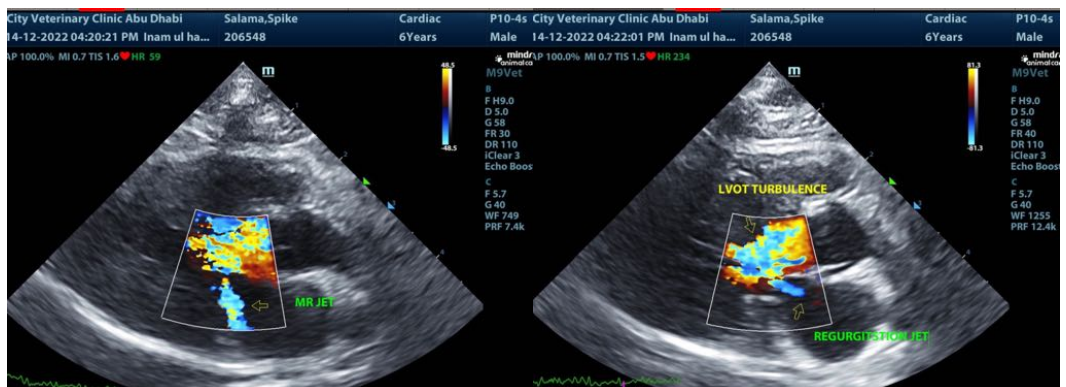
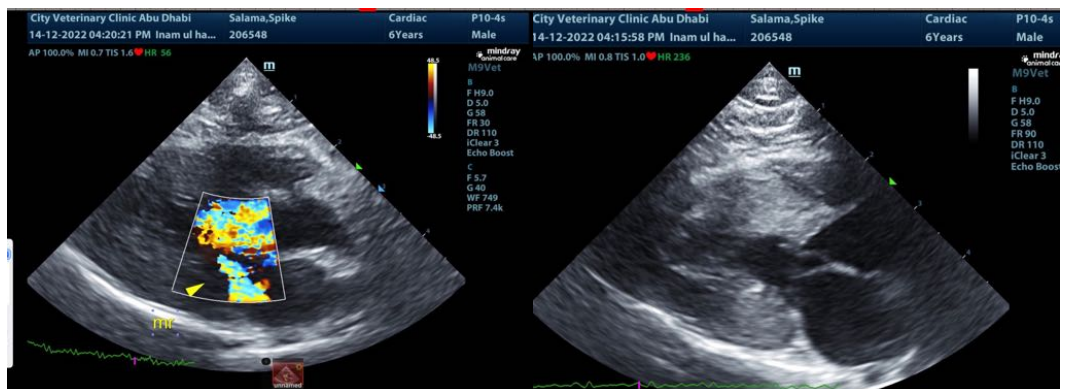
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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