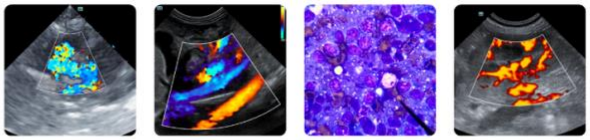


PATIENT

Tusk Devorah

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

14.5 Pounds

INTERPRETED BY

James Wood, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Carey Zumpano

HOSPITAL NAME

Pikesville AH

REFERRING VET

Dr. Carey Zumpano

INVOICE

37245

DATE

5/30/26

PRESENTING CLINICAL SIGNS

History: Patient adopted as an adult cat in the last year, age is estimated. 1-2/6 murmur first ausculted on routine health exam in August 2025, no clinical problems noted. Heart murmur present and unchanged on exam on 5/29/26. Patient has been asymptomatic, echo performed to assess underlying cardiac status.

Abnormal PE/Chem/CBC/UA Results: Idexx Snap proBNP Negative on 8/11/25 and 5/29/26 Full chemistry/CBC within normal limits, T4 2.3 BP 200 systolic (doppler).

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

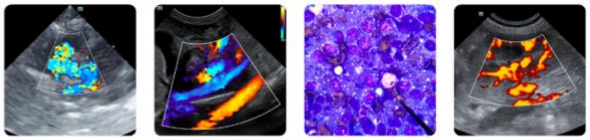
FELINE CARDIAC PARAMETERS	**BODY WEIGHT** (kg)	**HR** (BPM)	**IVSd** (cm)	**LVIDd** (cm)	**LVWd** (cm)	**FS** (%)	**EF** (%)
NORMAL PARAMETER	------	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	6.6	170	0.74	1.68	0.72	48.8	--
FELINE CARDIAC PARAMETERS	**LA/AO** (M-mode)	**LA/AO HEART BASE** (Sisson)	**LAD** LA MAX 4 Chamber		**LVOT VEL.** (m/s)	**RVOT VEL.** (m/s)	**IVRT** (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	1.57	1.64	1.74		1.1	0.95	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							

Cardiac Presentation

The left atrium is mildly enlarged. The mitral valve leaflets are normal and there is no mitral regurgitation. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. There is moderate symmetric concentric hypertrophy of the left ventricle. The right atrium is normal. The tricuspid valve is normal without evidence of tricuspid regurgitation. Subjectively normal RV systolic function. The aortic and pulmonary valves are normal without evidence of insufficiency. Aortic and pulmonary outflow velocities are within normal limits. The aorta and PA are normal along with the associated PA branches. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Hypertrophic cardiomyopathy phenotype - ACVIM stage B2
- Systemic hypertension



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram revealed thickening of the left ventricular walls. This is consistent with a hypertrophic cardiomyopathy phenotype, or HCM. In HCM, there is hypertrophy (thickening) of the muscle fibers that make up the walls of the heart. Many cases are a primary heart muscle disease (genetic in origin), however in some cases this can be a secondary process that may improve with treatment of the underlying condition (i.e. high blood pressure or hyperthyroidism among others). A blood pressure and total T4 are recommended in cats >6yr to rule these out as underlying causes (if not already performed). Regardless of the cause, the thickening causes diastolic dysfunction, and progressive left atrial enlargement. Eventually, cats with left atrial enlargement are at risk of developing congestive heart failure (pulmonary edema, pleural effusion, or both), blood clot formation and arrhythmias/sudden death. Some cats with mild HCM may live a normal lifespan with no further progression of disease. However, it is also possible that his HCM will progress over time and further therapy may be required for congestive heart failure, blood clots, or arrhythmias.

The echocardiogram showed HCM with left atrial enlargement. While there is no evidence of CHF, baseline thoracic radiographs within the last 1-2 years are ideal to serve as a baseline. Clopidogrel is recommended (18.75 mg PO once daily) to reduce the risk of clot formation. A recheck echocardiogram +/- thoracic radiographs are recommended in 6 months to determine if there is any progression.

Given the systemic hypertension noted on these diagnostics, treatment with amlodipine is recommended with recheck blood pressure 2 weeks after initiating therapy.

Monitoring

It is very important to catch any clinical signs concerning for emerging CHF as early as possible. The client should be closely monitoring and ideally tracking the sleeping respiratory rate. The sleeping RR should be between 10-30 breaths per minute or less (ideally in the teens or low 20s). **If the resting RR is trending upward**, consistently>35/min while resting/sleeping, the patient should be seen urgent for evaluation to determine if CHF is developing. If your pet is ever unable to use one or more of their limbs, seek emergency veterinary attention. *RECHECK ASAP for thoracic radiographs if there is increase in RR to detect early CHF and avoid ER presentation**

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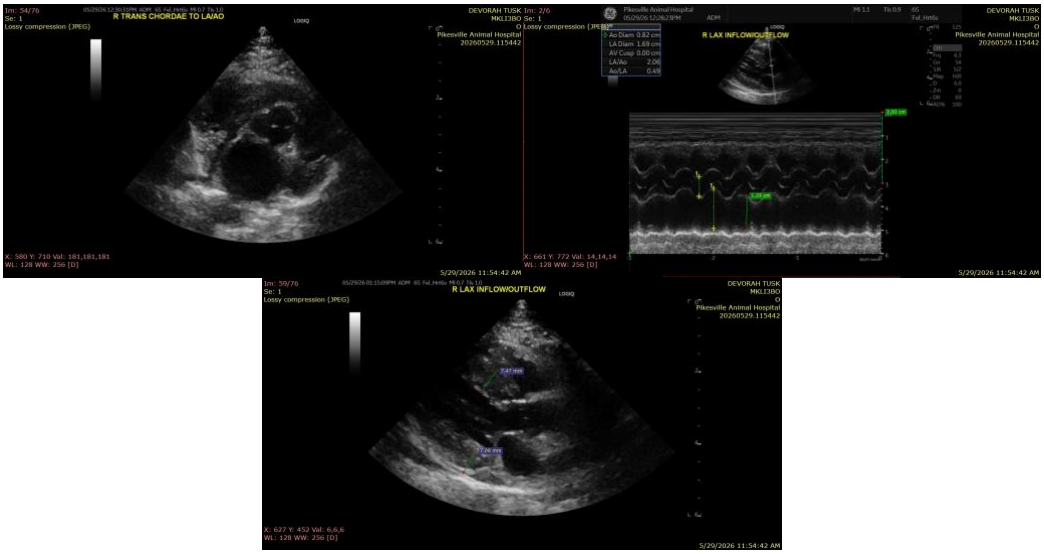

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

James Wood, DVM, DACVIM (Cardiology)

info@SonoPath.com