


**PATIENT**

Wilson Depalma

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

2y 7m

**WEIGHT**

11.3 lbs.

**INTERPRETED BY**

 R. McKenzie Daniel,  
 DVM, DABVP  
 (Canine and Feline)

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

ACC Flanders

**REFERRING VET**

Dr. Hallihan

**INVOICE**

15467

**DATE**

11/15/22

**PRESENTING CLINICAL SIGNS**

Hx of dx with HCM. Grade 3/6 left side murmur. Has had echo 3/2021 at other vet.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
<b>PATIENT</b>		136	0.6	1.7	0.6	41.2	76
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/)	
<b>NORMAL PARAMETER</b>	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3	40-60	
<b>PATIENT</b>		1.5	1.5		0.82	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 ventricular wall exhibited borderline increased septal and free wall thicknesses with evidence of myocardial remodeling and regions of minor myocardial asymmetry. Diffuse mildly hyperechoic LV endocardium, which may suggest some degree of fibrosis, and prominent to mildly remodeled papillary muscles were present. LV systolic function is adequate with subjective borderline increased LV volume. The RV was normal in size. The left atrium and right atrium were normal in size containing anechoic content. The mitral valve exhibited subjective minor thickening, specifically in the septal leaflet, with tract MR on Doppler. The potential for discrete systolic anterior motion of the mitral valve is possible, although not definitive. No obvious TR was noted. The pulmonary artery was normal in dimension with laminar systolic flow and normal measured RVOT velocity. No evidence of pericardial or pleural effusion was noted. No evidence of cardiac tumors was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Borderline increased interventricular septum and LV free wall thickness with myocardial remodeling
- Prominent papillary muscles
- Normal left atrium
- Subjective mild thickened septal mitral valve leaflet with mild MR, potential for subtle SAM



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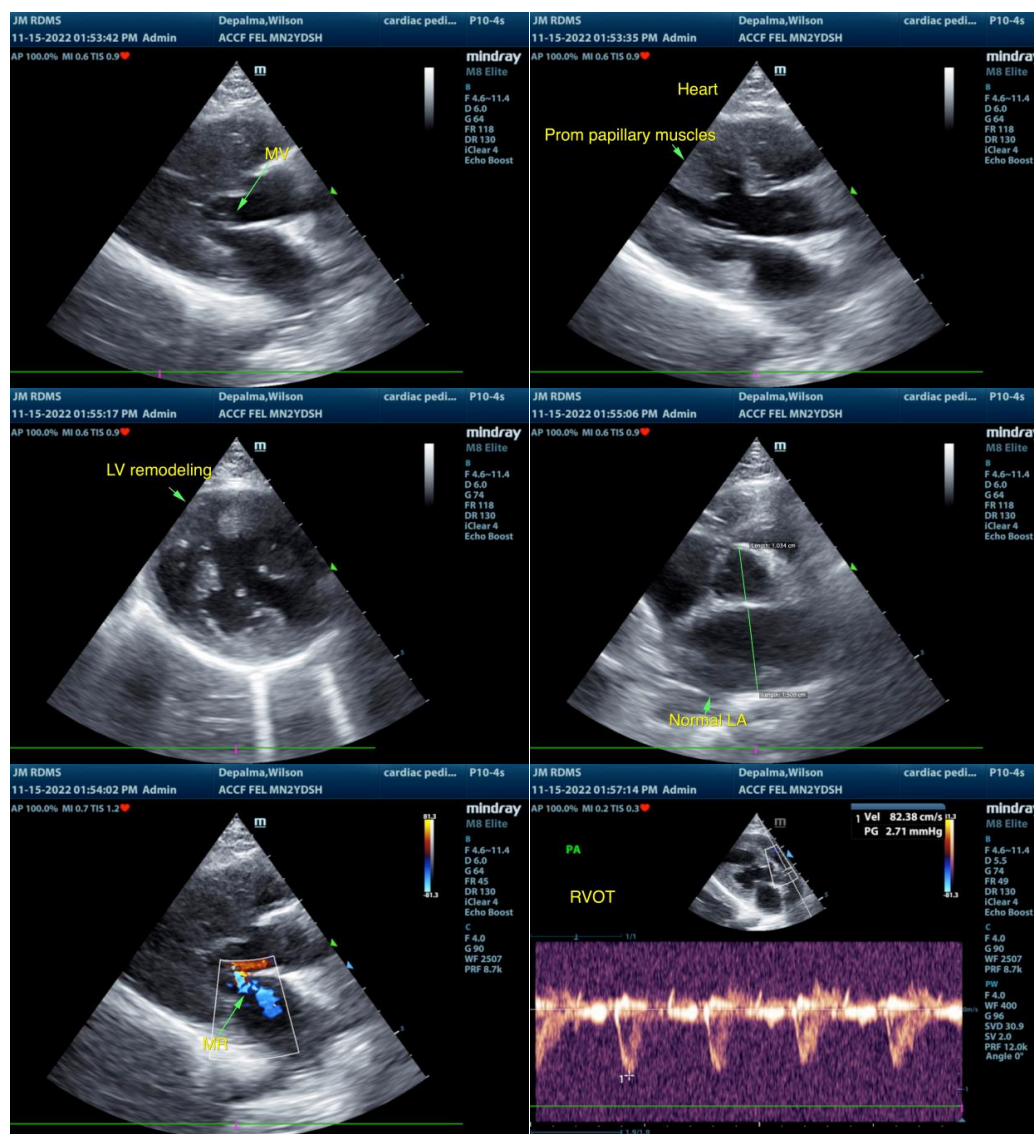
## DATE

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of significant septal and LV free wall thickening with evidence of myocardial remodeling was not classic for definitive HCM, although potential progressive HCM based on the previous diagnosis and/or unclassified cardiomyopathy, given the lack of definitive LV thickening, could be possible. Alternative considerations, given the young age of the patient, may include some degree of mitral valve dysplasia and/or HOCM. The murmur in this patient may essentially be considered a physiologic/flow murmur, as the MR is not likely audible.

Regardless of categorical classification, the lack of left atrium enlargement, as well as normal LV function, indicate that the heart is compensated at this stage. However, the prognosis at this stage is highly variable, and serial sonographic monitoring is recommended. No overt indication for cardiac medications. Assessment of systemic BP and T4 levels to rule out complicating factors is suggested. Recheck echocardiogram is recommended in 6 months, sooner if clinical signs arise.





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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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com