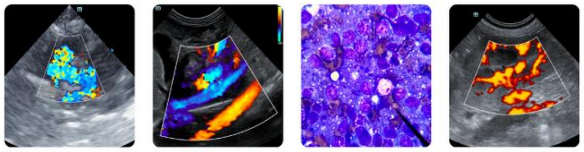

PATIENT

Aang Robinson

SPECIES

Feline

BREED

Sphynx

SEX

MN

AGE

2yr

WEIGHT

12.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse LVT CVT

HOSPITAL NAME

Newburgh Veterinary Hospital

REFERRING VET

Dr Steinbeiser

INVOICE
24447

DATE
04/10/2026

PRESENTING CLINICAL SIGNS

Presenting for regular recheck echocardiogram. Bilateral 4/6 HM.

Current meds: Atenolol 6.25mg SID, Clopidogrel 18.75mg SID

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	**BODY WEIGHT**	**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	12.2lb	NM	0.63	1.78	0.7	42	76
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	--	1.47	1.4		1.2	0.9	NM
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705							

Cardiac Presentation

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 most notable in the free wall. Concurrent prominent remodeled papillary muscles present. The myocardium presented increased echogenicity consistent with fibrosis and myocardial remodeling. Contractility of the ventricular walls was considered excessive for this patient evidenced by the elevated fractional shortening measurement. The left ventricular outflow tract demonstrated turbulent laminar flow. 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.

ULTRASONOGRAPHIC FINDINGS

Primary

- HCM phenotype with myocardial remodeling / fibrosis
- Normal LA
- Mild mitral insufficiency

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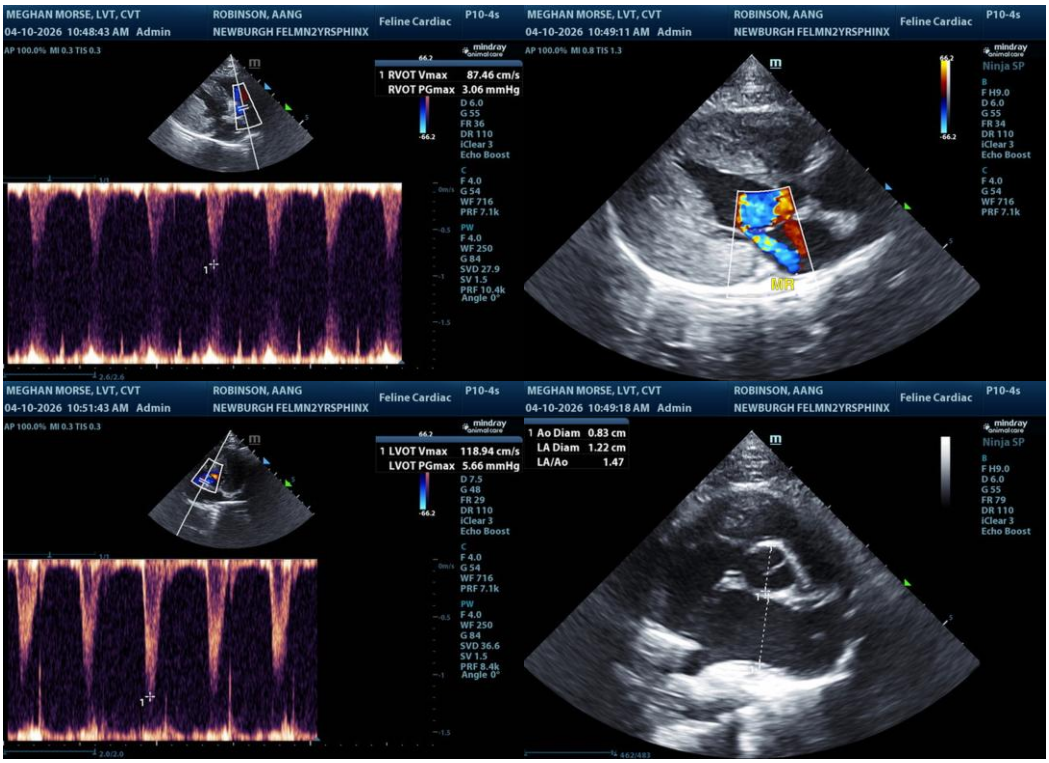
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypertrophic cardiomyopathy is a rule out diagnosis once the patient is deemed euthyroid and normotensive. No definitive evidence of systolic anterior motion (SAM) was visualized in this study. The lack of LA enlargement indicates that the current and future risk of complication, i.e., congestive heart failure or thrombotic event is likely low. Continued empirical/ current medical therapy would be reasonable.

No indication for additional cardiac medications. Monitoring of systemic BP and T4 level to rule out complicating factors is recommended. Prognosis is variable and sonographic monitoring is advised. Recheck echo is recommended in 6 months, sooner if clinical signs arise.

Cardiac anesthetic risk is considered mild to moderate. If required, the following protocol is recommended. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.



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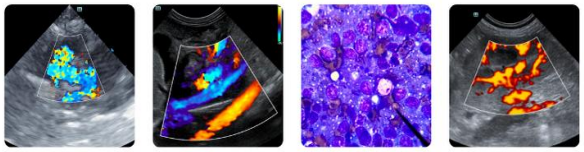

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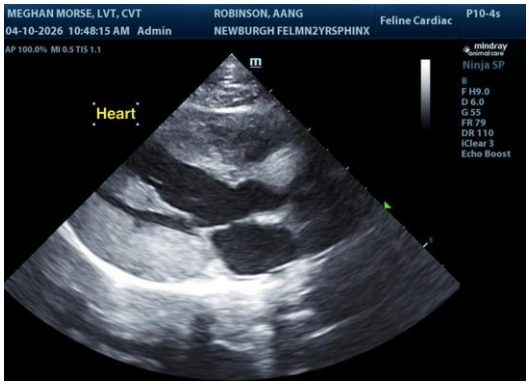

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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