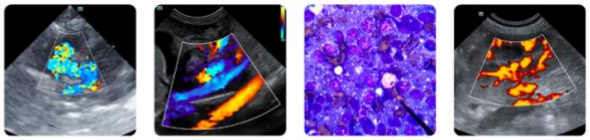

PATIENT

Maggie C2771 Animals in Distress

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15.5 Years

WEIGHT

13.12

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Renee Zeigler-Post

HOSPITAL NAME

For Cats Only Veterinary Clinic

REFERRING VET

Dr. Renee Zeigler-Post

INVOICE

15214

DATE

04/17/26

PRESENTING CLINICAL SIGNS

Recheck echocardiogram from 1/21/26

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	5.9 kg	NM	0.54	1.31	0.61	49	NM
FELINE CARDIAC PARAMETERS	**LA/AO** (m-mode long axis)	**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	NM	1.37	1.22		NM	NM	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 of normal size with no evidence of spontaneous echocardiographic contrast or thrombus formation. The **left ventricle** is normal in diameter with mild, stable increased free wall thickness in diastole, and demonstrates good systolic function. The **right atrium** is subjectively of normal size and **right ventricle** dimensions and systolic function are subjectively normal. There was no evidence of chordae tendineae rupture or valvular prolapse in either valve and no vegetative lesions were seen. The **mitral, tricuspid, aortic** and **pulmonary valves** all exhibit normal appearance and function. The **main pulmonary artery** appears normal. There is no evidence of pulmonary hypertension. There is no evidence of pericardial or pleural effusion, and no masses are seen.

ULTRASONOGRAPHIC FINDINGS

Hypertrophic Cardiomyopathy (HCM) Phenotype, without atrial enlargement - stable

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If not already performed, a blood pressure measurement and T4 level should be checked, as systemic hypertension and hyperthyroidism can cause a reversible HCM phenotype.
- While an ECG is not provided, there is no evidence of an arrhythmia noted within the cine loops provided, suggesting possible resolution of the frequent ventricular premature complexes noted previously.
- There is no cardiac medication warranted at this time.

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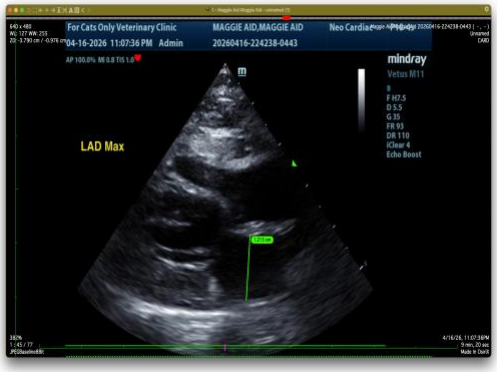
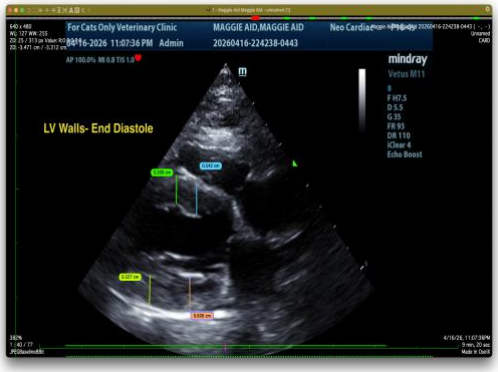
- Many cats with an HCM phenotype never develop clinical symptoms. However, HCM is a progressive disease in some cats, thus if the patient is asymptomatic, recheck echocardiogram in 12 months is recommended. The client should monitor for clinical signs such as respiratory distress or signs of an aortic thromboembolism, which would warrant emergent care.
- Serial monitoring with proBNP may help provide evidence of disease progression in the absence of echocardiogram, and if there is significant progression of proBNP levels, then an urgent recheck echocardiogram would be indicated.
- If anesthesia is needed, then the following recommendations would apply:
  1. Avoid drugs that may cause tachycardia, such as ketamine, xylazine, atropine and glycopyrrolate. Atropine or glycopyrrolate can be used if the HR falls below 130 and blood pressure is low during the procedure.
  2. Pre-medicate with an opiate, and if needed a benzodiazepine. Oral gabapentin 2 hours prior to the procedure can also help lessen anesthetic needs.
  3. Induction with propofol or Alfaxalone
  4. Maintenance anesthesia on isoflurane or sevoflurane
  5. The safety of dexmedetomidine in cats with HCM is debated, but a single dose of 3-5ug/kg IV is likely safe, if needed.
  6. IV fluids should be used at modest doses, starting at 2ml/kg/hr.
  7. Continuous monitoring of ECG, pulse ox and blood pressure is recommended.





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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com