Appendix 1.

Cardiac US

Two cats developing CVE had an echocardiography performed during hospitalization. The first cat had a heart murmur reported before admission and was presented for ureteral obstruction. A chronic nephropathy was suspected. He was treated with fluid therapy alone and developed pleural effusion during treatment. Echocardiogram was in favour of moderate to severe non obstructive HCM. The second cat was presented for urethral obstruction treated by urethrostomy. He had a high grade (5/6) systolic parasternal heart murmur and did not develop any CVE. Echocardiogram was in favour of moderate obstructive HCM without atrial dilation. The two cats survived to discharge and were unfortunately lost to follow up. Two echocardiographic exams were performed in 2 other cats during their follow up. Those cats were presented for ureteral obstruction by stone, and both were treated with placement of an SUB device. One cat had a known grade 4 systolic sternal cardiac murmur and did not present CVE during hospitalization. An echocardiogram performed 2 mo after discharge revealed an asymmetrical myocardial hypertrophy without atrial dilation. Interestingly, in the last cat, a cardiac murmur developed during hospitalization and persisted after discharge and 18 mo after. A beginning form of HCM was identified at the cardiac US performed 6 mo after discharge.