



DATE PRESENTING CLINICAL SIGNS

1.12.26

History: Recheck echo. Doing well.
-Pertinent abnormal PE/Chem/CBC/UA Results: Elevated ProBNP in 2024.
-Current medications: Atenolol 25mg: 1/4-tab SID.

PATIENT

Tomato Wareham

-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results (1/13/25 MML): Normal. History of HOCM; improved on Atenolol.
Mild LVH (0.64/062cm), LA (1.2cm).
-STAT: Not requested.

SPECIES

Feline

-Imaging performed by: Andi Parkinson, BS, RDMS.

BREED

DSH

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly increased with regions of irregularity. There is a mildly hyperechoic endocardium consistent with fibrosis and mild ventricular remodeling. The right ventricle is normal. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Abnormal anterior motion of the mitral valve is seen on 2D and color flow imaging, although the LVOT velocity measures normal. The anterior leaflet of the MV is mildly elongated and thickened, consistent with dysplasia. There is trace eccentric secondary mitral regurgitation present. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated.

AGE

12.19.22

CARDIAC CHART

WEIGHT

14.24lbs

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.5	160	0.62	1.3	0.66	47	90
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) (Abbott)	LA 2D short axis Base view (cm) (Abbott)		LVOT VEL (m/s)	RVOT VEL (m/s)	E max (m/s)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	1.3	1.3		1.5	1.5	NM

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Northwind AH

REFERRING VET

Dr. Jones

Adapted from June Boon, Veterinary Echocardiography, 1998
Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Persistently stable findings. The LV wall thickness is largely unchanged with potentially slight progression in the free wall dimension. The LA remains normal and the LVOT obstruction well controlled. No additional issues are seen.

INVOICE

46398

Given these findings, continue Atenolol the heart rate is maintained (140-160bpm in hospital/stressed). No additional medications are indicated at this time.

Monitor at home for any respiratory signs or evidence of blood clot events (neurologic change, paralysis, etc.). Prognosis is guarded, although improvement on atenolol is a great sign.

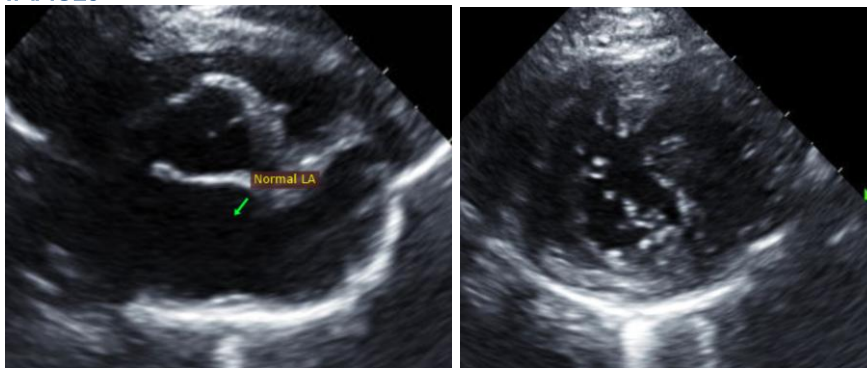
Anesthetic risk is considered mildly elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

PLAN

Continue atenolol as prescribed, periodically ensuring the heart rate is 140-160bpm in hospital.

Recommend recheck echocardiogram annually to screen for progression, sooner if clinical signs arise.

IMAGES



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

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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