



PATIENT

Crawford Dreger

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

20 years

WEIGHT

7.3lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Iacovides, DVM

HOSPITAL NAME

Tuxedo AH

REFERRING VET

Dr. Kulczycki

INVOICE

46475

DATE

1/16/26

PRESENTING CLINICAL SIGNS

History: Previously diagnosed with HCM 10/2021. New heart murmur detected 12/11/25. CXR: WNL (VHS 8.25). Presented 1/15/25 for labored breathing. Started on Furosemide. Sedated with Gabapentin and Torb.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Normal cardiac silhouette. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Mild papillary muscle remodeling. The right ventricle is subjectively normal in size and morphology. There is slight left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Mild systolic anterior motion (SAM) of the mitral valve is suspected on 2D and color flow imaging; however, LVOT velocity is normal. There is mild eccentric mitral regurgitation. No other significant valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

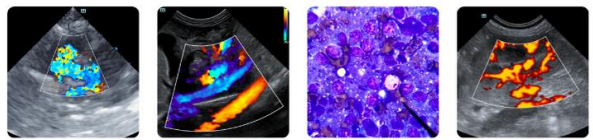
CARDIAC CHART

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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	3.3	NM	0.65	1.1	0.66	49	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	1.4	1.4		1.6	1.0	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diagnosis is hypertrophic obstructive cardiomyopathy (HOCM). This indicates LV thickening (mild in this case) with a mild dynamic LVOT obstruction (SAM) and secondary mitral regurgitation as the cause of the heart murmur. The hypertrophy and obstruction are both mild. There is only slight left atrial enlargement present, indicating the risk of spontaneous CHF and/or a thrombotic event is currently low. No additional issues are identified.

Even with mild disease identified, these findings would suggest CHF is highly unlikely. If there is any question, consider a Radiologist review of the serial films prior to discontinuing Lasix given conflicting information. Primary respiratory issues are considered more likely, particularly given increased respiratory noise on exam.



PATIENT

Crawford Dreger

While no medications have been shown to definitively alter long term outcome at this stage of disease, atenolol is often initiated to decrease the outflow obstruction. Given the mild and complicated nature of the findings, I would not institute this medication at this time.

SPECIES

Feline

Prognosis is guarded long term, given the highly variable rates of progression with subclinical feline cardiomyopathy.

BREED

DSH

Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.).

SEX

Male Neutered

Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (ketamine, glycopyrrolate, atropine).

PLAN

Highly recommend Radiologist review of the films. If CHF is not suspected in this case and Lasix is likely unnecessary.

AGE

20 years

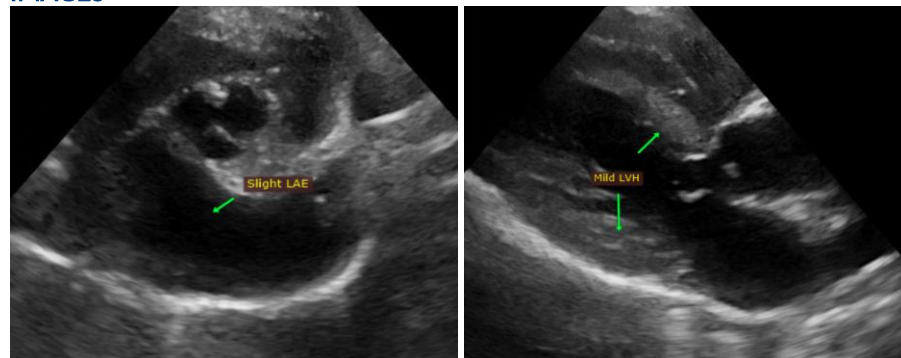
Screening blood pressure and T4 are recommended every 6 months.

WEIGHT

7.3lbs

Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues arise.

IMAGES



INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Iacovides, DVM

HOSPITAL NAME

Tuxedo AH

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.

REFERRING VET

Dr. Kulczycki

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.

INVOICE

46475

Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

info@sonopath.com

DATE

1/16/26