



**PATIENT**

Julia Neenan

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

16 years

**WEIGHT**

8.88lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History HOCM. Presently, Julia is doing great, very active and playful. Good appetite; no other clinical issues. Normal thyroid level. On exam: NSR, grade III/VI parasternal murmur, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2. BP: 110 mmHg x 5. Current medications: Atenolol 25 mg, 1/4 tab daily.  
-Pertinent previous echo findings (3/31/22 MML): LA 1.4 cm; LA:Ao 1.6; IVS 0.72 cm; PW 0.62 cm; mild-moderate LAE; mold-moderate MR; mild-moderate LVH with marked asymmetry. LVOT Vmax 2.7 m/s.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.

**Left ventricle:** The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are asymmetric, with mild septal thickening and a normal free wall. There is a diffusely hyperechoic endocardium consistent with fibrosis. False tendon. The papillary muscles are mildly hypertrophied and hyperechoic. The endocardium appears remodeled.

**Left atrium:** The left atrium is mildly dilated. No smoke or thrombi seen.

**Mitral valve:** The anterior leaflet of the mitral valve appears largely normal. Systolic anterior motion is seen on 2D imaging. Mild eccentric MR.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity with a dynamic profile. No aortic insufficiency.

**Right ventricle:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

**Right atrium:** The right atrium is normal in dimension.

**Tricuspid valve:** The tricuspid valve appears normal with no tricuspid regurgitation.

**Pulmonary valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity.

**Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 150bpm.

**2-Dimensional Measurements**

Ao diam (cm)	0.9
LA diam (cm)	1.4
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.62
LVID diastole (cm)	1.25
PW thickness (cm)	0.53
LVID systole (cm)	0.73
FS (%)	58

**Doppler Measurements**

PV Vmax (m/s)	0.82
AoV Vmax (m/s)	0.99
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

28383

**DATE**

1/17/23

**INTERPRETATION OF THE FINDINGS**

Hypertrophic obstructive cardiomyopathy persists with improvement on atenolol. The LV hypertrophy is improved, and the LA stable. The LVOT velocity is normal, and the dose of atenolol appears adequate. No additional issues are identified.

Given these findings, continue atenolol going forward with no indication for additional medications. Prognosis remains guarded due to the highly variable nature of feline subclinical cardiomyopathy.



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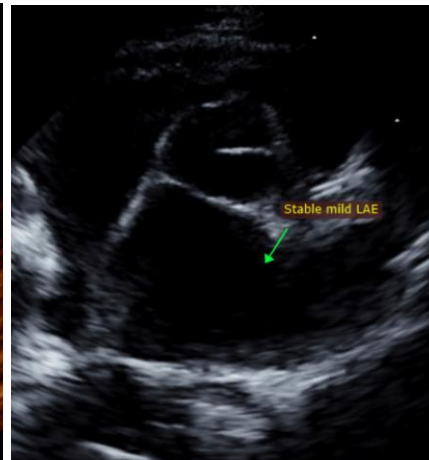
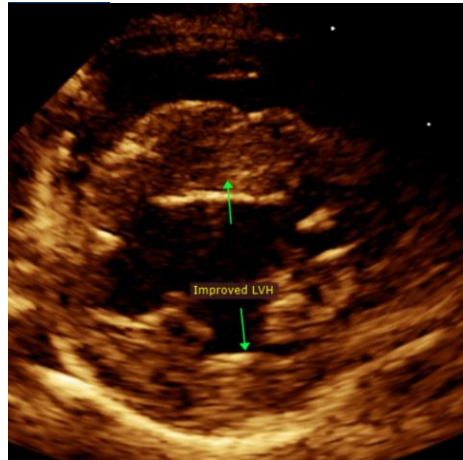
**RECOMMENDATIONS**

- Continue atenolol as prescribed.
- Screening BP/T4 every 6 months.
- Anesthetic risk is considered mildly elevated, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine).
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

**PLAN**

- Recommend recheck echocardiogram in 6-12 months to assess rate of progression, sooner if any issues arise in the interim.

**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.

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**Maggie Machen Lamy, DVM**  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

Echocardiogram performed by:

Pamela Harrigan, RDCS  
Pet Animal Ultrasound Service (4paus.com)

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