



**PATIENT**  
Finnegan Bonderman

**SPECIES**  
Feline

**BREED**  
DSH

**SEX**  
Male Neutered

**AGE**  
12 years

**WEIGHT**  
10.13lbs

**INTERPRETED BY**  
Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**  
Pamela Harrigan,  
RDCS

**HOSPITAL NAME**  
Mass Veterinary  
Services

**REFERRING VET**  
Dr. Masloski

**INVOICE**  
28409

**DATE**  
1/18/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History HOCM with persistently stable findings. Presently, Finnegan is doing well at home - on kidney diet. On exam: gallop rhythm, grade III/VI murmur noted best on sternum, PSS, lung fields clear, compressible thorax, mm pink, moist, CRT<2, BP: 120 mmHg x 4. Currently, no medications. \*Sedated with propofol for study.  
-Pertinent previous echo findings (4/5/22 MML): LA 1.3 cm; LA:Ao 1.3; IVS 0.68 cm; PW 0.60 cm; borderline LAE, mild LVH with endocardial fibrosis and remodeling; LVOT Vmax 1.0 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 dimensions are mild to moderately increased (IVS > PW). There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are normal. The endocardium appears mildly remodeled.

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

**Mitral valve:** The anterior leaflet of the mitral valve appears normal. No obvious systolic anterior motion is seen on 2D imaging. Trivial eccentric MR.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. 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 160bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.0
LA diam (cm)	1.3
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.69
LVID diastole (cm)	1.1
PW thickness (cm)	0.66
LVID systole (cm)	0.5
FS (%)	58

**Doppler Measurements**

PV Vmax (m/s)	0.43
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Compared to the prior study, there is mild progression in LV wall thickness. Despite this, the LA is normal with out elevated filling pressures. The LVOTO is not appreciated, and no additional issues are identified.

Given these findings, no medications remain indicated. Prognosis is guarded given minimal LA enlargement.



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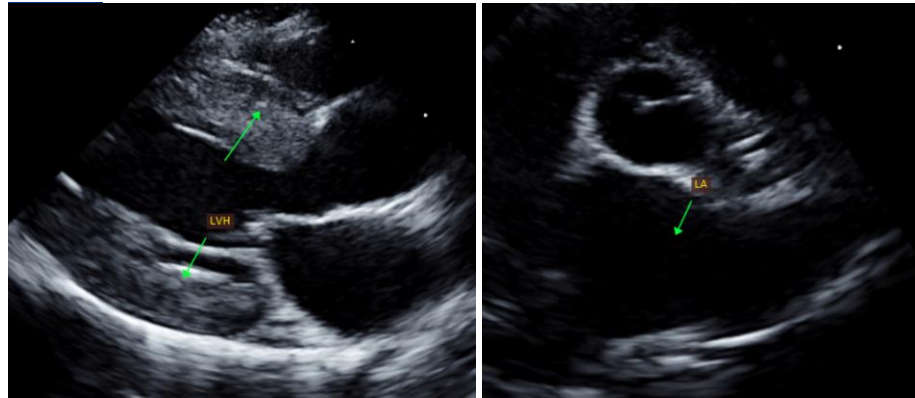
**RECOMMENDATIONS**

- No medications are indicated.
- Screening BP/T4 q6 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.

Maggie Machen Lamy, DVM  
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Echocardiogram performed by: Pamela Harrigan, RDCS  
Pet Animal Ultrasound Service (4paus.com)