



**PATIENT**

Emil Dunbar

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

13.5 years

**WEIGHT**

14.2lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Melinda Persson, DVM

**HOSPITAL NAME**

At Home Veterinary

**REFERRING VET**

Dr. Persson

**INVOICE**

46511

**DATE**

1/20/26

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. BP: 152-170mmHg; on Amlodipine ¼ tab. Sedated with Gabapentin.  
-Pertinent previous echo findings (11/2024 MML): HCM mild. LV: 0.61/0.65cm. Normal LA.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode and color flow is imaging is available. The left ventricular wall thickness is borderline normal with minimal free wall hypertrophy. There is a diffusely hyperechoic endocardium consistent with fibrosis. Mild symmetric papillary muscle hypertrophy and remodeling. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Trace TR. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. Normal pulmonic outflow velocities. 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) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.4	NM	0.53	1.4	0.53	61	93
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		LVOT VEL <small>(m/s)</small>	RVOT VEL <small>(m/s)</small>	E max <small>(m/s)</small>
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	1.2	1.1		0.9	1.2	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 &amp; 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 LV wall thickness is slightly improved compared to the prior study, which is good news. This may be due to chronic blood pressure control; however, this is speculative. The LA is normal and no additional issues are seen.

Given these findings, no medications are indicated prior to significant atrial dilation. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM.

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

Anesthetic risk is considered mild, however judicious fluid administration is advised if needed with careful RR/RE monitoring to screen for fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Risk for complication with steroid use typically follows LA dilation, which in this case is mildly elevated. If needed, monitoring of RR/RE is advised particularly in the initiation phase.



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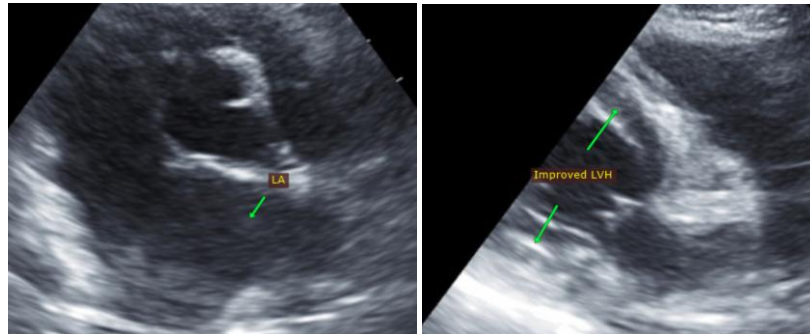
1/20/26

## PLAN

A screening blood pressure and T4 are recommended every 6 months lifelong.

A recheck echocardiogram is recommended annually, 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.

**Maggie Machen Lamy, DVM**  
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