



PATIENT

Kai Reinhardt

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

9 years

WEIGHT

23.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Best Friends Animal
Clinic

REFERRING VET

Dr. Weaver

INVOICE

46537

DATE

1/21/26

PRESENTING CLINICAL SIGNS

History: Presented for general malaise. Lab work showed possible mild renal disease (creat 1.6). On Atenolol 6.25mg BID (25mg - 1/4 tab PO BID). Grade II/VI systolic heart murmur. Prior echo results: Initially diagnosed with HOCM; improved on atenolol with normalized LV.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is remodeled with borderline dimensions overall. The remainder of the LV wall measures normal. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Trace MR. No TR. No AI or PI. Blood flow through the RVOT and LVOT is normal in velocity. No pleural or pericardial effusion seen. 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	10.8	NM	0.55	1.4	0.55	52	86
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	1.4	1.3	1.4	1.2	0.8	NM	

**Note: All measurements based upon multi-modal images and methods. An average value is reported.
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

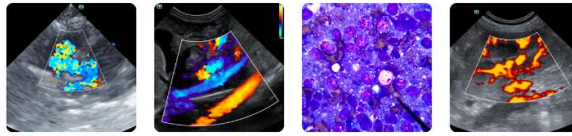
The only abnormality identified is the LV thickness is borderline increased with a trace mitral regurgitation. The LV wall thickness is slightly increased compared to the 2023 study; however, remains largely normal. Monitoring is advised. The LA remains normal which would indicate clinical stability. No additional issues are identified.

No cardiac contribution to the clinical signs is suspected. A baseline BP is certainly recommended.

Given these findings, it is reasonable to continue atenolol lifelong, ensuring stressed heart rates maintain between 140-160bpm. No additional medications are indicated.

Prognosis is open, as normalization on atenolol is a great sign. Continued monitoring for progression is recommended lifelong.

Anesthetic risk is mild, however any cat with this degree of fibrosis and diastolic dysfunction will be at risk for iatrogenic IV fluid overload should they be needed in the future.



PATIENT

Kai Reinhardt

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

9 years

WEIGHT

23.8lbs

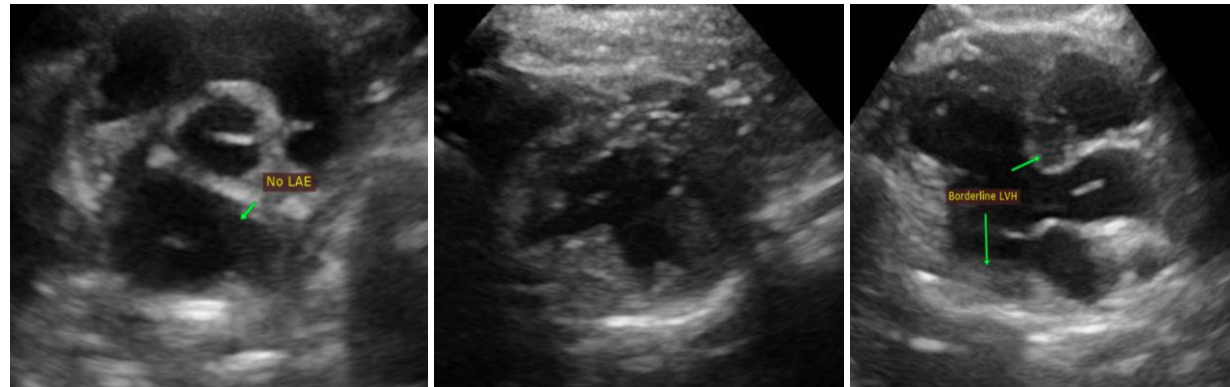
Monitor for any development of clinical signs, including labored breathing or signs of a blood clot (paralysis, neurologic change).

PLAN

Baseline BP and T4 are recommended as discussed. Continue atenolol as prescribed.

A recheck echocardiogram is recommended in 6-12 months to screen for any evidence of progression.

IMAGES



INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Best Friends Animal
Clinic

REFERRING VET

Dr. Weaver

INVOICE

46537

DATE

1/21/26

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com