

**PATIENT**

Lucy Hecox

**SPECIES**

Feline

**BREED**

Himalayan

**SEX**

Female Spayed

**AGE**

17 years

**WEIGHT**

7.7.5lbs

**INTERPRETED BY**

Maggie Machen  
 Lamy, DVM, DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Oxford View  
 Veterinary Center

**REFERRING VET**

Dr. Rowland

**INVOICE**

28571

**DATE**

1/25/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. BP: 200, 209, 190, 199, 198mmHg.  
 -Current medications: Aspirin 20.25mg PO 2x/week.  
 -Pertinent previous echo findings (2/2022 GW): IVSd: 0.48, LVWd: 0.5, LA: 1.1. Improved HCM, continue Aspirin.

**ELECTROCARDIOGRAPHIC FINDINGS** \*Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 214bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P morphology is positive. The QRS is inverted. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus tachycardia.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a mildly hyperechoic endocardium consistent with mild fibrosis. The endocardium also appears mildly remodeled. The papillary muscles are normal in size and hyperechoic. 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. No obvious valve regurgitation. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

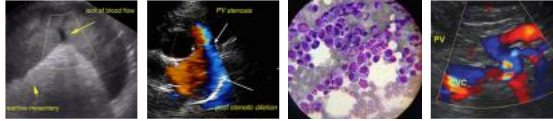
**CARDIAC CHART**

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	3.5	NM	0.51	1.46	0.50	67	95
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	1.3		0.7	0.9	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**

Overtly normal cardiac structure and function. The LV wall thickness is normal, and there is no evidence of elevated left atrial pressure or underlying pathology at this time. There is mild remodeling and fibrosis of the left ventricular wall, which is considered likely a normal age-related finding. Given these findings, no medications are indicated. Findings appear similar to the prior study with normal wall dimensions.



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Given these findings, no medications are indicated. Aspirin has been administered chronically, which is of unknown benefit without left atrial enlargement. While likely unnecessary, there is no clear indication for its continued use. Discussion with the owner is advised.

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Feline

Anesthetic risk is considered mild. With remodeling and diastolic stiffening, there is an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended. Heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary. Risk for complication with steroid use typically follows LA dilation, which in this case is low. That being said, any cat can experience unexpected signs of intolerance and monitoring of RR/RE is advised particularly in the initiation phase.

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The reported blood pressure is elevated, and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

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**PLAN**

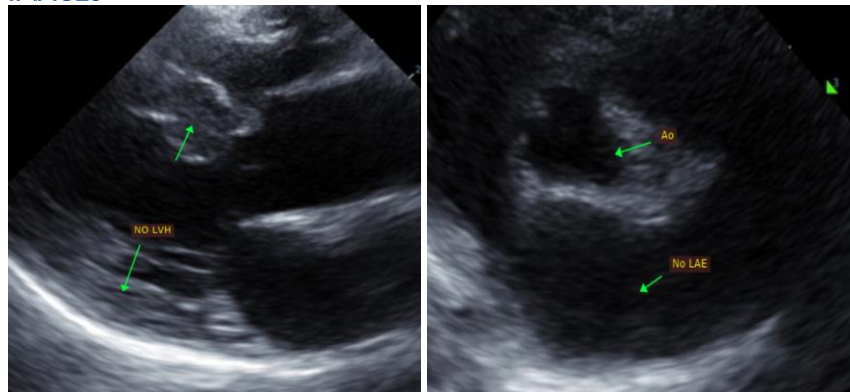
Reassess BP every 6 months as discussed. Continue versus discontinue Aspirin as discussed.

Recommend recheck echocardiogram in 1 year to assess for any progressive issues.

**INTERPRETED BY**

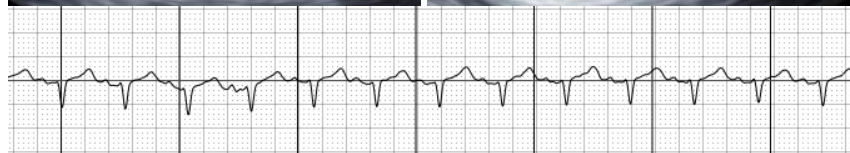
Maggie Machen  
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(Cardiology)

**IMAGES**



**IMAGING PERFORMED BY**

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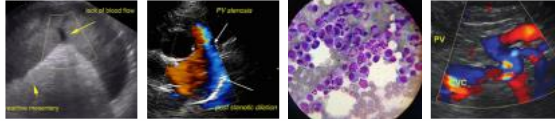
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Feline

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.

**BREED**

Himalayan

**Maggie Machen Lamy, DVM**  
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info@sonopath.com

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