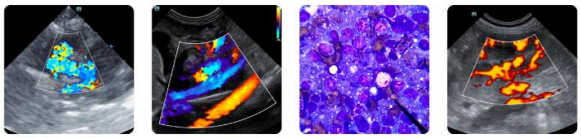


DATE

1.27.26

PATIENT

Curry Hollenbach

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

5.24.16

WEIGHT

15.5lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Breidenbaugh

INVOICE

46588

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 3/6, systolic murmur with PMI parasternally. Doing well at home.
-Pertinent abnormal PE/Chem/CBC/UA Results: CBC: thrombocytopenia (46k) with clumping. CHEM: elevated SDMA (17), creat 1.5 WNL elevated cholesterol (320, prev 382), elevated lipase (82). UA: cysto, usg 1.022, pH 7.0, trace protein, negative sediment. T4: 2.6 WNL. IRIS stage I (no azotemia).
-Current medications: Atenolol 25mg ¼ tab PO q12h, Amlodipine 2.5mg ¼ tab PO q24h.
-Sedation used: Torbugesic.
-Pertinent previous ultrasound results (1/2025 MML): HOCM mild/stable. LV: 0.66/0.68, LA: 1.3.
-STAT: Not requested.
-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly symmetrically hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscles appear normal. The right ventricle is subjectively normal in size and morphology. There is no left atrial enlargement present. No right atrial enlargement present. Normal RVOT velocity. Mild systolic anterior motion (SAM) is seen on 2D imaging; however, the LVOT velocity is normal. Trivial mitral regurgitation. No obvious AI. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated.

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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	7.0	NM	0.64	1.3	0.66	42	76
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	1.3	1.3		1.0	0.9	NM

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

Compared to the prior study, findings are unchanged. The LV wall thickness is mildly increased and the LVOTO well controlled. The LA remains normal and no additional issues have developed.

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

Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary

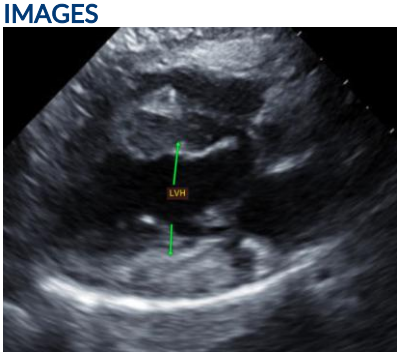
(glycopyrrolate, atropine). A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

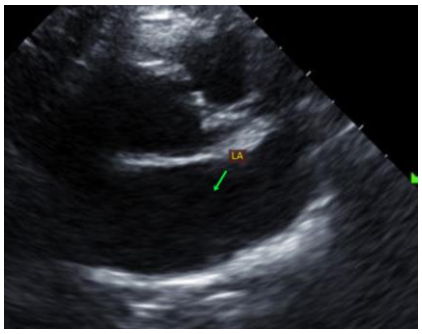
PLAN

Screening BP and T4 every 6 months. Continue Atenolol as prescribed. Follow up and treatment for SHT should be dictated by IM.

Recommend conservative monitoring with a recheck echocardiogram 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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