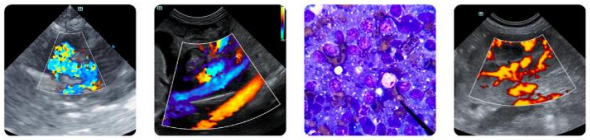


PATIENT
Simon Henry

SPECIES
Feline

BREED
Sphynx

SEX
Male Neutered

AGE
1 year

WEIGHT
10.4lbs

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

IMAGING PERFORMED BY
Karen Ebersole, DVM, DABVP

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Bennett

INVOICE
46620

DATE
1/29/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Sleeping more and lethargic lately. On Atenolol but did not receive this morning. Sedated with Torb.
-Abnormal PE/Chem/CBC/UA Results: PE: difficult to assess heart, purring constantly. mm pale yesterday. Albumin- 4.5 otherwise WNL, FpL- Normal.
-Pertinent previous echo findings (9/2025 MML/KE): SAS. AV max: 2.4m/s. Mild LVH (0.5/0.53cm), LA: 1.5.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Cardiomegaly. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular walls are mildly increased for this signalment. Mild papillary muscle hypertrophy. The left atrium is moderately enlarged. The right atrium is normal. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Blood flow through the RVOT is laminar and normal in velocity. The LVOT is narrowed with a clear subaortic ridge. Blood flow through the LVOT is severely elevated with a fixed profile. No aortic insufficiency. Trace MR. No TR. The MPA appears normal. No evidence of cardiac tumors or effusions in this scan

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	4.7	NM	0.65	1.0	0.65	47	90
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	1.8	1.7		5.8	NM	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

Compared to the prior study, there is evidence of progression. The LVOT obstruction is more pronounced with severely elevated flow through the region. The LV wall thickness is unchanged; however, of great concern the LA is progressively dilated. This would suggest risk for complication going forward. No additional structural issues are seen.

Given these findings, continued Atenolol is recommended ensuring stressed HRs maintain 140-160bpm. Plavix should also be utilized at this juncture. Prognosis remains guarded with risk for complication going forward.

PATIENT

Simon Henry

SPECIES

Feline

BREED

Sphynx

SEX

Male Neutered

AGE

1 year

WEIGHT

10.4lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Karen Ebersole, DVM, DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Bennett

INVOICE

46620

DATE

1/29/26

Despite these changes, it is unclear whether lethargy is related or not. Further systemic workup may be warranted.

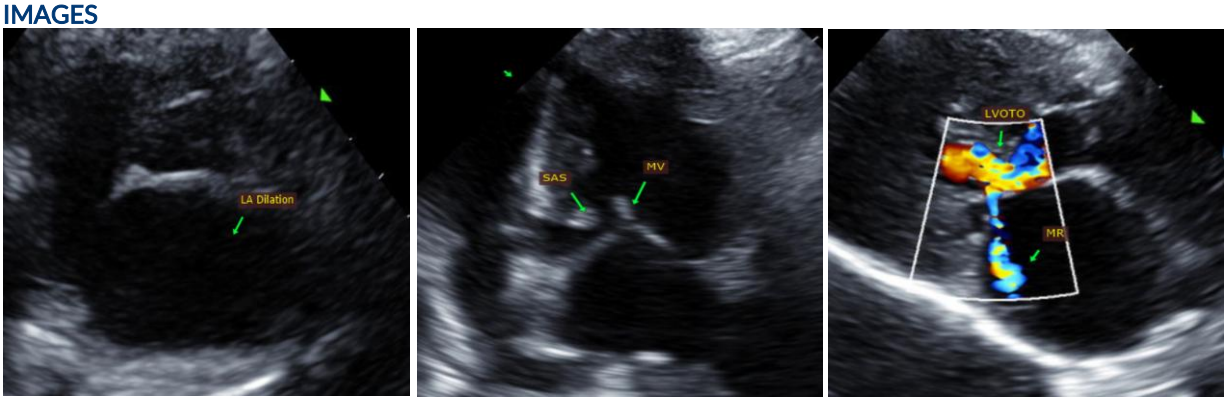
Anesthesia is not advised.

PLAN

Continue Atenolol ensuring stressed HRs maintain between 140-160bpm. Institute Plavix 75mg tabs; Give ¼ tab by mouth every 24 hours (NOTE: bitter along cut edge, may cause foaming at the mouth; coat in entirety).

Recommend a recheck echocardiogram in 6-12 months to screen for progression.

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