



PATIENT

Fluffy Gonzales

SPECIES

Feline

BREED

Himalayan / Ragdoll

SEX

Male Neutered

AGE

12 years

WEIGHT

11.72lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Christina Wagner,
DVM

HOSPITAL NAME

Angeles Clinic for
Animals

REFERRING VET

Dr. Christina Wagner

INVOICE

46297

DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: Recheck echo – previously diagnosed with HCM and hyperthyroidism. On Clopidogrel 18.75mg once daily. Current T4 1.8 CBC, chem unremarkable.

-Pertinent previous echo findings (5/2025 Idexx): IVSd: 0.70, LVWd: 0.83, LA/AO: 1.88. HCM with SAM and moderate LAE. Recommend Plavix.

ECHOCARDIOGRAM FINDINGS

Limited 2D, m-mode and color flow imaging is available. The left ventricular wall is moderately hypertrophied. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. There is slight left atrial enlargement present. No right atrial enlargement present. There is systolic anterior motion (SAM) of the mitral valve present on 2D and limited color flow imaging. Some degree of MR is suspected. 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	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.3	NM	0.76	1.1	0.72	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	NM	1.5	1.3	NM	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

Limited image set provided. What can be said is LV hypertrophy persists with an LVOT obstruction, similar to what is documented in the prior evaluation. Slight LA enlargement is potentially improved comparatively, which is good news. No obvious additional issues are seen.

The history suggests hyperthyroidism was diagnosed at the time of the prior echo. If this is the case and the value has since normalized, improved LA dimension may reflect this control. In this instance, Plavix is likely unnecessary due to improvement overall. Atenolol is not clearly warranted without accurate assessment of the LVOT velocities.

Prognosis is guarded long-term. Referral should be considered in this case.

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). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and



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isoflurane maintenance. 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.

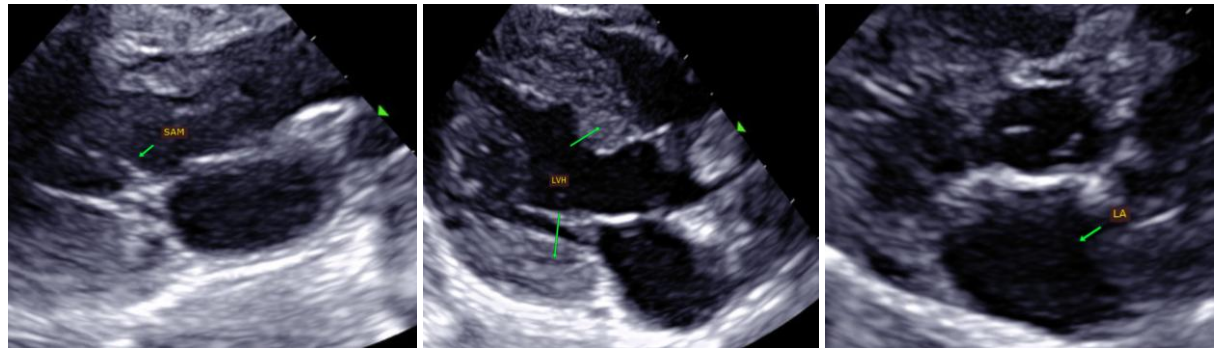
Monitor at home for any respiratory signs or blood clot events (neurologic change, paralysis, etc.) in the future.

PLAN

Screening BP/T4 every 6 months. Assuming the thyroid level has been normalized, Plavix can likely be discontinued.

Recommend recheck echocardiogram in 6 months to assess for progression, sooner if clinical issues 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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com