



**DATE PRESENTING CLINICAL SIGNS**

10.31.25  
**PATIENT** Jackson Wilson  
**SPECIES** Feline  
**BREED** DSH  
**SEX** MN  
**AGE** 7.29.14  
**WEIGHT** 13.7lbs  
**INTERPRETED BY** Maggie Machen Lamy, DVM, DACVIM (Cardiology)  
**HOSPITAL NAME** Greenbrier VC  
**REFERRING VET** Dr. Delinger  
**INVOICE** 45600

History: Recheck echo. BNP increased on the most recent BW. New hyperthyroidism; starting Methimazole.  
 -Pertinent abnormal PE/Chem/CBC/UA Results: BNP 872, T4 3.3, FT4 42.5  
 -Current medications: Atenolol 25mg 1/2 SID, Methimazole 2.5mg AM, 5mg PM  
 -Sedation used: Not required to complete full diagnostic ultrasound.  
 -Pertinent previous ultrasound results (12/2022 MML): HOCM. Mild LA: 1.4, LV: 0.61. Stable on Atenolol.  
 -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 irregular with slight hypertrophy overall. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. The right ventricle is subjectively normal in size and morphology. There is moderate left atrial enlargement present. No right atrial enlargement present. Normal RVOT and LVOT velocity. Trace eccentric mitral regurgitation. No other obvious valvular regurgitation is present. There is no pericardial effusion noted. No pleural effusion appreciated. 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	3.5-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.2		0.60	1.4	0.60	53	87
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	1.7	1.6		1.4	1.1	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**

Hypertrophic obstructive cardiomyopathy (HOCM) persists with evidence of progression. While the LV is similar to previous, there is now moderate LA enlargement. This would suggest risk for complication is increased. The LVOTO is well controlled, and no additional issues are identified.

Given these findings, continue Atenolol as previously prescribed. Additionally, Plavix is reasonable if the patient is able to be medicated. Prognosis is guarded with LA dilation, although there is great variability in rates of progression with subclinical feline cardiomyopathy.

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

Anesthetic risk is considered moderate; 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 isoflurane maintenance.

Risk for complication with steroid use typically follows LA dilation, which in this case is significantly elevated. Ideally consider an alternative such as Budesonide as a safer choice. If needed for systemic wellness, however, monitoring of RR/RE is advised particularly in the initiation phase.

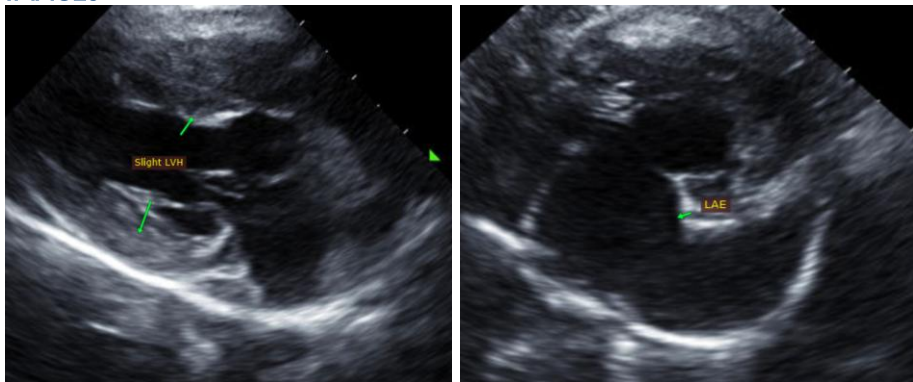
#### **PLAN**

Continue Atenolol as prescribed. If able institute, blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges).

Screening blood pressure and T4 are recommended every 6 months.

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.

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