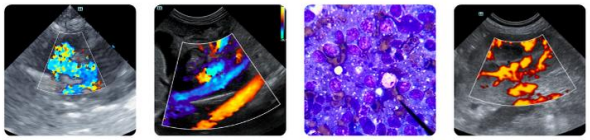

PATIENT

Penelope Hopkins

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

12 years

WEIGHT

10.7lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Kevin Kicker, DVM

HOSPITAL NAME

Wauwatosa Veterinary Clinic

REFERRING VET

Dr. Kicker

INVOICE

45610

DATE

10/31/25

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well.
-Current medications: Atenolol 6.25mg PO SID.
-Pertinent previous echo findings (12/2023 MML): HOCM, moderate LVH, mild LVE. LV: 0.75cm, LA: 1.55.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately hypertrophied with regions of mild thinning. 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 severe left atrial enlargement present. No obvious smoke seen. No right atrial enlargement present. Normal RVOT velocity. Mild systolic anterior motion (SAM) of the mitral valve is suspected, although not captured on spectral doppler. Elevated LVOT velocity. Moderate MR. Trace TR. Trace AI. There is no pericardial effusion noted. Scant 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	4.9	100	0.72	1.30	.68	40	70
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	2.1	1.9		0.6	0.6	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

Unfortunately, this patient has evidence of significant progression. Mild disease is now severe with severe left atrial dilation and scant pleural effusion. This is most consistent with imminent CHF in this case. The LV is similar to previous with regions of mild thinning. No additional issues are identified.

Given these findings, recommend **discontinuing Atenolol** going forward in hopes of maximizing cardiac output. Full cardiac support should be instituted as below, even without reported clinical signs. Prognosis is poor for cats once CHF is diagnosed; however, most are able to be managed for an average of 6-12 months on medications if tolerated.

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

Anesthesia, fluid or steroid therapy is not advised.

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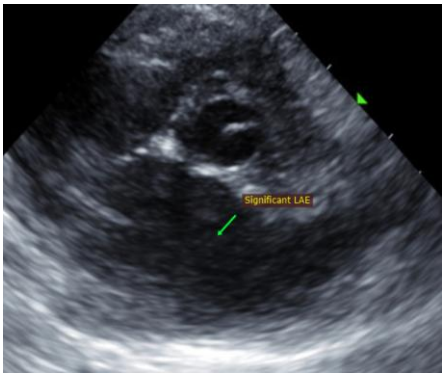
PLAN

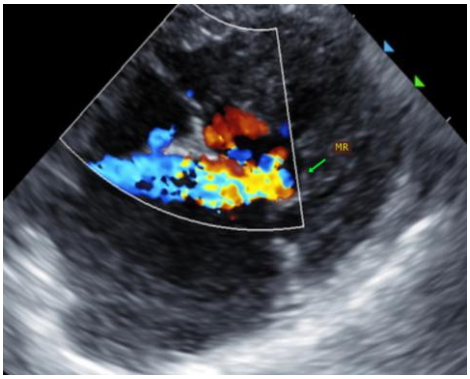
Institute Lasix to 1-2mg/kg PO q12h. Institute blood thinner Clopidogrel (Plavix) 75mg tablets; give ¼ tab orally once daily (NOTE: this medication is very bitter on the cut edges. Coat in entirety). Discontinue Atenolol as discussed.

Monitor BP and renal panel in 10-14 days then every 3-4 month lifelong. If doing well and BP >130mmHg, institute ACE-I 0.5mg/kg PO q12 hours.

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
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